

## Rockwall Rental Request

Service Unit# \_\_\_\_\_ Troop/Group# \_\_\_\_\_ County \_\_\_\_\_

Program Grade Level (check) BR JR CD SR AMB ADULT [ ] Non-Girl Scout/out-of-council Troop/Group

Leader Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

First Aider's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Date of Certification \_\_\_\_\_

Total # Participating: \_\_\_\_\_ # Adult Females \_\_\_\_\_ # of Girls \_\_\_\_\_ # of Adult Males \_\_\_\_\_ # of Boys \_\_\_\_\_

Location for Request (check) Camp Conowingo Camp Whippoorwill Camp Woodlands

Date \_\_\_\_\_ Time (check) 9 – 1pm 2 – 6pm

*Rockwall is \$500 with no minimum or maximum number of participants for a four hour rental block..*

Once a request has been received you will receive an email once we have found a facilitator for you.

Payment must be received before a facilitator can be found.

The following person(s) know and agree to follow all [Safety Activity Checkpoint](#) criteria for the program activity; and have the proper, current certification or documented experience.

Instructor's Name \_\_\_\_\_

E-Mail or Phone \_\_\_\_\_

Type of Certification \_\_\_\_\_

Date of Certification \_\_\_\_\_ Age (if under 21) \_\_\_\_\_

**YOU MUST PROVIDE  
PROOF OF CURRENT  
CERTIFICATION OR  
DOCUMENTED  
EXPERIENCE WITH THIS  
FORM TO HAVE THE  
REQUEST PROCESSED.**

For Office Use:

Dated Equipment Given Out: \_\_\_\_\_

Date Equipment Returned: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved: \_\_\_\_\_

(Program Team Member)

(Camp Properties/Registrar)