

(Program Team Member)

Girl Scouts Central Maryland 4806 Seton Drive Baltimore, MD 21215-3247 T 410.358.9711, 800.492.2521 F 410 358.9918 www.gscm.org

(Camp Properties/Registrar)

Slingshot Equipment Rental Request

Service Unit#	Troop/Group#				County	
Program Grade Level (check)	BR JR	CD	SR AMB	ADULT	[] Non-Girl Scout/out-of-council	
Leader Name			E-N	1ail		
Phone						
First Aider's Name	Phone#				Date of Certification	
Total # Participating:	_ # Adult Fer	males	# of Girl	S	# of Adult Males # of Boys	
Location for Request (check)	Camp Conc	owingo	Camp Whipp	oorwill (Other Location	
Date		Ti	me (check)	9 – 12pm	12 – 3pm 3 – 6 pm	
have the proper, current certifi	ication or docu	umented ex	xperience.		criteria for the program activity; and CERTIFICATION OR	
	and agree to f	follow all <u>S</u>	afety Activity	Checkpoint	criteria for the program activity; and	
	Instructor's Name				DOCUMENTED	
E-Mail or Phone	THIS FORM TO					
Type of Certification					REQUEST	
YOU MUST PROVIDE PROC Date of Certification			der 21)	_	PROCESSED.	
	SCM) takes e	every safet	y and preven	tative preca	rough person-to-person contact. As Girl ution, GSCM can in no way warrant that	
By checking this box I an Central Maryland	ı acknowledgi	ng and agı	reeing to abio	le by the rul	es, policies and practices of Girl Scouts of	
First and Last Name						
For Office Use:			_			
Approved By:			A	pproved:		