



SERVICE UNIT CAMPING and DAY OUTING RESERVATION REQUEST

IMPORTANT ➔
Complete this form and submit to the regional service center where the camp is located. Forms cannot be accepted at other centers.

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Girl Scouts NEO
Central Service Center
345 White Pond Dr
Akron, OH 44320
330-864-5720 (fax) | <input type="checkbox"/> Girl Scouts NEO
North Service Center
19201 Villaview Rd
Cleveland, OH 44119
216-692-4060 (fax) | <input type="checkbox"/> Girl Scouts NEO
South Service Center
1010 Applegrove St NW
N Canton, OH 44720
330-499-4475 (fax) | <input type="checkbox"/> Girl Scouts NEO
East Service Center
980 Warren Ave
Niles, OH 44446
330-544-7959 (fax) | <input type="checkbox"/> Girl Scouts NEO
West Service Center
6111 S Broadway Ave
Lorain, OH 44053
440-233-7393 (fax) |
|--|---|---|--|--|

1. **RESERVATIONS ACCEPTED** no more than 6 months in advance (see chart below).
2. **PAYMENT: 50% due with registration and BALANCE due 4 weeks prior to event. ***
3. **NO CANCELLATIONS** – Service units must pay for all requested sites.

LEADER/ADULT IN CHARGE			SERVICE AREA/UNIT		
ADDRESS			REGION		
CITY AND ZIP CODE		COUNTY	E-MAIL		
PHONE ()	CELL ()	SERVICE UNIT		COUNTY	
PROGRAM AGE LEVEL <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador					
Certified First Aider Attending _____			Date of training _____		
Camp Trained Adult Attending _____			Date of training _____		
TYPE OF RESERVATION REQUESTED: <input type="checkbox"/> Overnight <input type="checkbox"/> Day Outing (SEE REVERSE FOR CAPACITIES AND FEES.)					

CAMP REQUESTED _____

DATE REQUESTED _____

Service Units may only request up to 6 sites:

1st Choice Site _____

2nd Choice Site _____

3rd Choice Site _____

4th Choice Site _____

5th Choice Site _____

6th Choice Site _____

Alternate Choices if the above are not available:

Please rank the following as far as importance:

____ It is more important that we camp at our requested camp.

____ It is more important that we camp at particular campsites. List sites _____

____ It is more important that we camp on our requested date.

Requests Begin 1 st of Month	For Camping in Month Of
June	December
July	January
August	February
September	March
October	April
November	May
December	June
January	July
February	August
March	September
April	October
May	November

PAYMENTS MUST BE RECEIVED
 AT THE TIME OF MAKING CAMP
 REQUEST. PLEASE COMPLETE A
CREDIT CARD PAYMENT
AUTHORIZATION FORM. FORM
 MUST ACCOMPANY
 REGISTRATION IF PAYING BY
 CREDIT CARD.

Office Use Only	Date Received	Amount Received	Date Entered	Date Confirmation Sent
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