



# GIRL SCOUT OF NORTH EAST OHIO CAMPING and DAY OUTING REQUEST

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

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

1. **RESERVATIONS ACCEPTED no more than 3 months in advance (see chart below).**
2. **TROOP CAMPING: Check-in after 4:00 PM; Check-out before 2:00 PM.**
3. **DAY OUTINGS: Check-in after 9:00 AM; Check-out before 2:00 PM.**
4. **NO REFUNDS FOR CANCELLATIONS. See program refund policy**

<b>LEADER/ADULT IN CHARGE</b>			<b>TROOP NUMBER</b>		
<b>ADDRESS</b>			<b>SERVICE AREA/UNIT</b>		
<b>CITY AND ZIP CODE</b>		<b>COUNTY</b>		<b>E-MAIL</b>	
<b>PHONE</b> ( ) ( )	<b>CELL</b> ( ) ( )		<b>SERVICE UNIT</b>		<b>COUNTY</b>
<b>PROGRAM AGE LEVEL</b> <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador			<b># OF ADULTS</b>	<b># OF GIRLS</b>	<b>TOTAL ATTENDING</b>
Certified First Aider Attending _____			Date of training _____		
Camp Trained Adult Attending _____			Date of training _____		

**TYPE OF RESERVATION REQUESTED:**     Overnight     Day Outing  
(SEE REVERSE FOR CAPACITIES AND FEES.)

<b>UNIT REQUESTED</b> Please mark your FIRST, SECOND, and THIRD preference of camp sites.		<b>Requests Begin 1<sup>st</sup> of Month</b>	<b>For Camping in Month Of</b>
1 <sup>st</sup> Choice Site _____ @ Camp _____ Arrival Date: _____ Departure Date _____		June	September
2 <sup>nd</sup> Choice Site _____ @ Camp _____ Arrival Date: _____ Departure Date _____		July	October
3 <sup>rd</sup> Choice Site _____ @ Camp _____ Arrival Date: _____ Departure Date _____		August	November
		September	September
		October	October
		November	November
		December	March
		January	April
		February	February
		March	March
		April	July
		May	August

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 a particular campsite. List site \_\_\_\_\_  
 \_\_\_ It is more important that we camp on our requested date.

**ALL PAYMENT 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.**

<b>Office Use Only</b>	Date Received	Amount Received	Date Entered	Date Confirmation Sent
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