girl scouts of alaska

Girl Scouts of Alaska

Name _____ Daytime Telephone _____ Evening Telephone _____

Address: _____
Street Address City State Zip Code

Troop # _____ Service Unit _____

Program Age Level: Daisy Brownie Junior Cadette Senior Ambassador Adults Only

Singing Hills

- ☐ *Yurt ($100/night)*
- ☐ *Day Use with yurt ($30)*

Togowoods

- ☐ *Beaver Lodge ($85/night)*
- ☐ *Hohokam Cabin ($50/night)*
- ☐ *Kuvluk Cabin ($50/night)*
- ☐ ***Day Use** ($30)*

$30 non-refundable deposit required for all site rentals

Togowoods Equipment

- ☐ *Canoes (2hr session $10/person—Instructor included)*
- ☐ *Canoes ($25/group with your own council approved instructor)*
- ☐ *Climbing Wall ($10/person mid Aug.—mid Oct., depending on weather and facilitator)*
- ☐ *Ice skates (free)*
- ☐ *Snowshoes (free)*

Check only the building you are using. Other buildings may be used by another troop/group.

All Girl Scouts of Alaska camp properties are drug free, alcohol free and smoke free environments.

Reservation Dates

Dates: From: ____/____/____ to ____/____/____ Arrival Time: ____:____ AM PM Departure Time: ____:____ AM PM

Number Attending = _____ **Total in Group** _____ **Girls** _____ **Adults** _____ **Non-Scouts**

Building/Program		Fee
_____	=	_____
_____	=	_____
_____	=	_____
TOTAL DUE:	=	_____
TOTAL ENCLOSED (minimum $30)	=	_____

If full payment is not received by one week prior to your rental date your reservation will be cancelled.

Remit to: Girl Scouts of Alaska
3911 Turnagain Blvd. East
Anchorage, AK 99517
Fax: (907) 243-4819

Charge to: ❑ Visa ❑ Master Card ❑ Discover

Card Number _____ Exp. Date _____

Signature _____

I have read and agree to abide by site rules, Safety Activity Check Points and Girl Scouts of Alaska policies regarding the type of activity outlined in the Site Reservation Form. Orientation to the camp's safety procedures and regulations will be provided upon arrival. I am responsible for the supervision and behavior of my group and to ensure their compliance with these policies. If my group fails to abide by these policies or directions from the Camp Ranger, the Camp Ranger may at his/her discretion terminate this agreement and require individuals/group to vacate camp. I have enclosed the necessary site use fee and will fill out a site evaluation form at the end of my stay. I also understand a cancellation seven days before my stated arrival date means I forfeit my $30 deposit (unless cancellation is due to weather).

Signature _____ Today's Date _____

For Office Use Only

$_____ Deposit Received _____ Date	Receipt Number	Confirmation Sent (Date)	Ranger Notified (Date)	$_____ Amount Received _____ Date	Receipt Number

Type of Activity—check all that apply

_____ Camping/troop trip (2 nights or fewer)
_____ Camping/troop trip (3 nights or more)
_____ Extended Troop Trip (attach itinerary)

Planned Activities—check all that apply

☐ swimming/hot tubbing
☐ team building/challenge courses/rock climbing (high or low rope courses)
☐ boating/canoeing/kayaking/rafting
☐ archery/riflery
☐ down hill skiing/snowboarding

Activities NOT PERMITTED include:

- bungee jumping
- hang gliding
- parachuting
- parasailing
- trampolining
- flights in non-commercial aircraft (i.e. private planes, hot air balloons, sail-planes, etc.)
- aerial tricks on bikes, skis, snow-boards, skateboards, etc.)
- hunting
- riding all terrain vehicles
- trips on class 5+ water
- snowmobiling
- go-carts or personal water craft
- paintball

Qualified First-aider attending trip—Required for ALL trips: (groups are responsible for their own first aid, emergency care and transportation).

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Type of Certification _____ Date Certified _____

If trip involves swimming, a certified adult lifeguard MUST be present. If trip includes boating, an adult certified in lifeguarding or small craft safety MUST be present

Certified adult lifeguard/small craft safety attending trip:

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Type of Certification _____ Date Certified _____

ALL ADULTS on the trip must have a current successfully completed background check through GSAK. Background check forms may be obtained from www.girlscoutsalaska.org.

List ALL participants (children AND adults) who will be on site. Attach more paper if necessary.

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

EMERGENCY CONTACT PERSON BACK HOME

Name _____ Daytime Telephone _____ Evening Telephone _____

Address _____ City _____ State _____ Zip Code _____

TRANSPORTATION

Form of transportation: ☐ private car ☐ rented vehicle ☐ chartered bus ☐ train

If private cars or vans:

Driver	Vehicle Make/Model	License Plate #	Auto Insurance Co.

If your trip will include individuals other than registered Girl Scouts (girls and adults) you must purchase extra insurance through Girl Scouts of Alaska. These trips include family weekends and events with tag-a-longs. To purchase extra insurance contact the council office at 248-2250 or 800-478-7448 at least one week prior to your trip.

☐ I need to purchase extra insurance for our trip.