



Reservation Request Girl Scouts of Kentucky's Wilderness Road Council Camps

To reserve a campsite, **2 checks** must be attached to this form. NOTE: Cancellation of your reservation **3 weeks or less** will result in the loss of your deposit. The site rental fee must also be attached and it will be processed upon receipt. For day use events and overnight events, a \$50 deposit check must be attached in order to hold your reservation. The deposit check will be cashed in the event of damage and/or not resupplying paper products. The deposit will be returned after check out procedures are complete and if the camp site is in appropriate condition.

Name/Type of Event: _____

Troop Number/Group Number/Name of Group: _____

Number of attending Girl Scouts: _____ Number of attending Female Adult Girl Scouts: _____

Number of Non-Registered Participants: _____ (Please list other participant's names and age on back)

Program Grade Level: (please check one) *Daisy Brownie Junior Cadette Senior Ambassador*
 K-1 2-3 4-5 6-8 9-10 11-12

Name of Troop Leader/Person in Charge: _____

Address: _____ City: _____ State: ____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Name adult/adults with training:

| | | |
|-------|--|----------------------|
| _____ | <input type="checkbox"/> Out-n-About | Date Completed _____ |
| _____ | <input type="checkbox"/> Troop Camp Training | Date Completed _____ |
| _____ | <input type="checkbox"/> First Aid | Date Completed _____ |

Indicate preference for camp and facility. Give first and second choices. If fees are not paid on time, the reservation will be void.

First Choice: Camp Name _____ Arrival Date/Time _____

Facility _____ Departure Date/Time _____

Second Choice: Camp Name _____ Arrival Date/Time _____

Facility _____ Departure Date/Time _____

**For overnight camping, check-in time is 4:00 p.m. and check-out time is 3:00 p.m.
No one is usually onsite. Please call 859-490-0619 to check in and out.**

Reservation for: (check one) One night Two nights Day use only More than two nights

Equipment requested: _____

Signature of Troop Leader
Or for Non-Council/Non-Girl Scout groups, person in charge

Date

OFFICE USE ONLY Site Manager Site Check Completed Date: _____

