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[www.gskentucky.org](http://www.gskentucky.org)



## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  Out-n-About Date Completed \_\_\_\_\_  
 Troop Camp Training Date Completed \_\_\_\_\_  
 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.  
\*Please check out with Camp Person on Staff before departing\***

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: \_\_\_\_\_

## Camp Reservation Request Non-Scout Participants

*(Please Print)*

NAME OF PARTICIPANT	AGE OF PARTICIPANT