



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

**IMPORTANT** →  
Complete this form and submit to any regional service center via fax, email or walk-in. No phone registrations accepted. Walk-ins processed next business day.

- Girl Scouts NEO Central/North Office  
One Girl Scout Way  
Macedonia, OH 44056  
330-467-1901 (fax)
- Girl Scouts NEO Cleveland Office  
4019 Prospect Ave St 240  
Cleveland, OH 44103  
330-467-1901 (fax)
- Girl Scouts NEO South Office  
1010 Applegrove St NW  
N Canton, OH 44720  
330-499-4475 (fax)
- Girl Scouts NEO East Office  
980 Warren Ave  
Niles, OH 44446  
330-544-7959 (fax)
- Girl Scouts NEO West Office  
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 *between* 4:00 – 7:00 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)
5. COMPLETED ROSTER REQUIRED 3 WEEKS PRIOR TO CAMPOUT (see Troop Camping Roster)
6. TROOPS OUTSIDE OF GSNEO WILL BE CHARGED 2X THE SITE RENTAL FEE

<b>LEADER/ADULT IN CHARGE</b>				<b>TROOP NUMBER</b>																												
<b>ADDRESS</b>				<b>SERVICE UNIT NAME/NUMBER</b>																												
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTY</b>		<b>REGION</b>																											
<b>PHONE</b> ( ) ( )	<b>CELL</b> ( ) ( )		<b>E-MAIL</b>																													
<b>HOW WOULD YOU LIKE TO RECEIVE CONFIRMATIONS? (CIRCLE ONE) E-MAIL OR POSTAL MAIL</b>																																
<b>OFFSITE EMERGENCY CONTACT :</b>			<b>NAME</b>		<b>PHONE NO. ( ) ( )</b>																											
<b>PROGRAM AGE LEVEL</b>			<b># OF WOMEN</b>	<b># OF MEN</b>	<b># OF GIRLS</b> <b>TOTAL ATTENDING</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																																
Certified First Aid Adult & Exp. Date _____			Camp Trained Adult _____																													
Certified CPR Adult & Exp. Date _____			Date of Training _____																													
<b>TYPE OF RESERVATION REQUESTED:</b> <input type="checkbox"/> Overnight <input type="checkbox"/> Day Outing																																
<b>UNIT REQUESTED</b> Please mark your FIRST, SECOND, and THIRD preference of camp sites.																																
1 <sup>st</sup> Choice Site _____ @ Camp _____			<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Requests Begin 1<sup>st</sup> of Month</th> <th style="width: 50%;">For Camping in Month Of</th> </tr> </thead> <tbody> <tr><td>June</td><td>September</td></tr> <tr><td>July</td><td>October</td></tr> <tr><td>August</td><td>November</td></tr> <tr><td>September</td><td>December</td></tr> <tr><td>October</td><td>January</td></tr> <tr><td>November</td><td>February</td></tr> <tr><td>December</td><td>March</td></tr> <tr><td>January</td><td>April</td></tr> <tr><td>February</td><td>May</td></tr> <tr><td>March</td><td>June</td></tr> <tr><td>April</td><td>July</td></tr> <tr><td>May</td><td>August</td></tr> </tbody> </table>		Requests Begin 1 <sup>st</sup> of Month	For Camping in Month Of	June	September	July	October	August	November	September	December	October	January	November	February	December	March	January	April	February	May	March	June	April	July	May	August	Arrival Date _____	Departure Date _____
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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 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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