

# CAMP RESERVATION FORM – CAMP ITI KANA



**NOTE:** This form must be submitted, with your non-refundable deposit to Girl Scouts of Greater Mississippi at the address below, **no later than four weeks**, prior to the camp reservation date.

Camp Iti Kana  
11 Camp Iti Kana Road  
Wiggins, MS 39577  
601.928.3515

Please circle:      Troop      Service Unit      Outside Group

To reserve **CAMP ITI KANA**, please send this reservation request along with a **\$50 non-refundable deposit (\$25 for troops) to:**

Please make checks payable to:  
**GSGMS**

**GSGMS**  
**Attention: Camp Reservations**  
**210 West Front Street, Suite 100**  
**Hattiesburg, MS 39401**

**PLEASE PRINT CLEARLY (NO CURSIVE)**

User Group/Organization: \_\_\_\_\_  
 Event Coordinator: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**REQUESTED TIME PERIOD**

Date of Arrival: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date of Departure: \_\_\_\_\_ Time: \_\_\_\_\_

**ESTIMATED # OF PARTICIPANTS**

Youth: \_\_\_\_\_  
 Age Range: \_\_\_\_\_  
 Adults: \_\_\_\_\_  
 Total: \_\_\_\_\_

<b>GIRL SCOUT USAGE FEES</b>
\$1.50 per person per day \$2.50 per person per night
<b>OUTSIDE GROUP USAGE FEES</b>
\$2.50 per person per day \$5.00 per person per night

**CAMP ITI KANA ON SITE CERTIFICATION REQUIREMENTS**

*Please attach a copy of each person's certification; these are required to receive a camp confirmation. **Outdoor Training/Leave No Trace (LNT) and First Aid & CPR are required to camp.***

LNT/Outdoor Training	Name: _____	Date Taken: _____
First Aid/CPR	Name: _____	Expires: _____
Lifeguard-Pool	Name: _____	Expires: _____
Lifeguard-Pool	Name: _____	Expires: _____
Canoe Instructor	Name: _____	Expires: _____
Archery Instructor	Name: _____	Expires: _____
Lifeguard – Lake	Name: _____	Expires: _____
Kitchen/Serv-Safe	Name: _____	Expires: _____

**FACILITY FEES (Please check preferences):**

**Housing:**

- Dogwood (36 beds in 5 cabins)
- Tall Timbers (36 beds in 9 cabins)
- Lakeview (36 beds in 5 cabins)
- Native Village (36 beds in 5 cabins)
- Paradise Lost (36 beds in 9 cabins)

- Jo Reicker (accommodates 6 people)
- Infirmary/Director's Cabin (accommodates 8 people)
- Bankston House (accommodates 7 people)
- Cook's Cabin (accommodates 4 people)

**Site Facilities:**

- Dining Hall & Kitchen\* - \$25
- Troop House - \$10
- Canoes/Kayaks\* - \$10
- Program Center - \$15
- Archery Range\* - \$10
- Main Fire Ring - \$0
- Civitan Pavilion - \$0
- Pool\* - \$10

\*REQUIRES DOCUMENTATION OF CERTIFICATION for facilitator/instructor/lifeguard prior to use.

\*\* For any starred facilities – Site facility fee is waived if other facilities are rented AND council instructors are used; instructor fees will apply.

**INSURANCE (Please check which one applies):**

- Option 1: Day (Friday, Saturday and/or Sunday) - \$5.00
- Option 2: Overnight (Friday & Saturday OR Saturday & Sunday) - \$10.00
- Option 3: Weekend (Friday, Saturday, Sunday) - \$15.00

Outside groups – the minimum amount of insurance that must be purchased for one day covers 45 people. If you have over 45 people you will be charged \$0.11/day per additional person.

**CHECK THE FOLLOWING AREAS THAT YOU WILL NEED ASSISTANCE WITH, IF ANY:**

- Securing Cooks (cook fee will apply)\*
- Securing Certified Program Staff (staff fee will apply)\*
- Menu Planning
- Cabin/Tent Assignments
- Check-In Procedures
- Program Ideas
- Emergency Procedures
- Special Needs Accommodations
- Equipment

Special Notes: \_\_\_\_\_

\* In some cases, the cook or program staff will require payment at the time of service. If the food bill is not included in the cook's fee, it will be included in your camp invoice which is due upon receipt.

I have included a \$50 deposit/\$25 for troop (minimum camp fee) with this reservation form and know that it will be subtracted from the total amount owed. If my group chooses not to camp on the scheduled date, we will forfeit our \$50/\$25 for troop deposit and will receive a refund of any additional fees paid beyond that. I understand that the camp invoice is due upon receipt. I will encourage all participants in our group to follow GSUSA Safety Standards in accordance with the guidelines established on site at Camp Iiti Kana. I understand that it is my responsibility to inform the program department of any changes from this request prior to our arrival on the confirmed date.

Event Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Deposit</b>	<b>Notes:</b>	
Total Received: _____	_____	_____
Date: _____	_____	_____
Payment Type: _____	_____	_____