

CAMP RESERVATION FORM – CAMP WAHI



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 Wahi
1593 Shiloh Road
Brandon, MS 39042
601.825.5348

Please circle: Troop Service Unit Outside Group

To reserve **CAMP WAHI**, 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: _____

GIRL SCOUT USAGE FEES

\$1.50 per person per day
\$2.50 per person per night

OUTSIDE GROUP USAGE FEES

\$2.50 per person per day
\$5.00 per person per night

CAMP WAHI 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:

- _____ Pixie Lodge (28 beds)
- _____ Troop House (32 beds)
- _____ Tanglewood (44 beds in 9 tents)

- _____ Whispering Pines (36 beds in 9 tents)
- _____ Trail's End (36 beds in 9 tents)
- _____ Infirmary (accommodates 4 people)

Site Facilities :

- _____ Great Hall & Kitchen* - \$25
- _____ Cook Shelter - \$0- Location: _____
- _____ Pool* - \$10
- _____ Craft Shed - \$10
- _____ Archery Range* - \$10
- _____ Canoes/Kayaks* - \$10
- _____ Main Fire Circle - \$0

*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)*
- _____ Cabin/Tent Assignments
- _____ Emergency Procedures
- _____ Securing Certified Program Staff (staff fee will apply)*
- _____ Check-In Procedures
- _____ Special Needs Accommodations
- _____ Menu Planning
- _____ Program Ideas
- _____ 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 deposit/\$25 for troop 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 Wahi. 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

Deposit	Notes:
Total Received: _____	_____
Date: _____	_____
Payment Type: _____	_____