

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
601.597.7485

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:

GSGMS
133 Woodville Drive
Natchez, MS 39120
or email it to
mstephens@gsgsm.org

To pay by credit card, call (601)326-5640
Make checks payable to: GSGMS

PLEASE PRINT CLEARLY (NO CURSIVE)

User Group/Organization: _____
 Event Coordinator _____ Position: _____
 Address: _____ Zip Code: _____
 Cell Phone: _____ Email: _____

REQUESTED TIME PERIOD

ESTIMATED # OF PARTICIPANTS

Date of Arrival: _____ Time: _____
 Date of Departure: _____ Time: _____ 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 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: _____
Covid Safety officer	Name: _____	Expires: _____
Canoe Instructor	Name: _____	Expires: _____
Archery Instructor	Name: _____	Expires: _____
Lifeguard – Lake	Name: _____	Expires: _____
Kitchen/Serv-Safe	Name: _____	Expires: _____

FACILITY FEES (Please check preferences):

PLEASE NOTE: all facilities are now at 50% capacity because of Covid.

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Dining Hall & Kitchen* - \$25 | <input type="checkbox"/> Troop House - \$10 | <input type="checkbox"/> Canoes/Kayaks* - \$10 |
| <input type="checkbox"/> Program Center - \$15 | <input type="checkbox"/> Archery Range* - \$10 | <input type="checkbox"/> Main Fire Ring - \$0 |
| <input type="checkbox"/> Civitan Pavilion - \$0 | <input type="checkbox"/> Pool* - \$10 | <input type="checkbox"/> The Lodge - \$250 |

*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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Securing Cooks (cook fee will apply)* | <input type="checkbox"/> Securing Certified Program Staff (staff fee will apply)* | <input type="checkbox"/> Menu Planning |
| <input type="checkbox"/> Cabin/Tent Assignments | <input type="checkbox"/> Check-In Procedures | <input type="checkbox"/> Program Ideas |
| <input type="checkbox"/> Emergency Procedures | <input type="checkbox"/> Special Needs Accommodations | <input type="checkbox"/> 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

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