

# CAMP RESERVATION FORM - CAMP ITI KANA



**NOTE:** This form must be submitted by mail or email using the address below, with your non-refundable deposit to Girl Scouts of Greater Mississippi within 2 weeks of confirming your 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 [pbrooks@gsgms.org](mailto:pbrooks@gsgms.org) or mail to the address below.

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

**GSGMS**  
**Attention: Camp Reservations**  
**1471 West County Line Road**  
**Jackson, MS 39213**

## PLEASE PRINT CLEARLY (NO CURSIVE)

User Group/Organization: \_\_\_\_\_ Troop Number or Service Unit (if applicable): \_\_\_\_\_  
Event Coordinator: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## 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

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: _____
Paddle Sport Facilitator	Name: _____	Expires: _____
Archery Instructor	Name: _____	Expires: _____
Lifeguard-Lake	Name: _____	Expires: _____

(if no paddle sport facilitator is available)

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

- ☐ Dogwood (52 beds in 5 cabins)
- ☐ Tall Timbers (36 beds in 9 cabins)
- ☐ Lakeview (36 beds in 5 cabins)
- ☐ Native Village (48 beds in 5 cabins)
- ☐ Paradise Lost (36 beds in 9 cabins)
- ☐ Jo Reicker (accommodates 10 people)
- ☐ Infirmary/Director’s Cabin (accommodates 8 people)
- ☐ Bankston House (accommodates 7 people)
- ☐ Cook’s Cabin (accommodates 4 people)
- ☐ Troop House (accommodates 20 -24)

Site Facilities:

- ☐ Dining Hall & Kitchen\* - \$25
- ☐ Canoes/Kayaks\* - \$10
- ☐ Program Center - \$15
- ☐ Archery Range\* - \$10
- ☐ Civitan Pavilion - \$10
- ☐ Pool\* - \$10 (Call for availability)
- ☐ Main Fire Ring - \$0

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

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

- ☐ Securing Certified Program Staff - Cannot be guaranteed - Staff fee will apply
- ☐ Cabin/Tent Assignments
- ☐ Check-In Procedures
- ☐ Program Ideas
- ☐ Emergency Procedures
- ☐ Special Needs Accommodations
- ☐ Equipment

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

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 Iti 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.

**Remember – Girl Scouts leave a place cleaner than they found it. Dispose of all litter and trash. Wipe down tables, countertops and other surfaces. Make sure all dishes, utensils and cookware are cleaned and returned to where the troop got it. Sweep and mop floors. Clean the bathroom – toilet, sinks, showers and floors. THANK YOU!**

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

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

FOR OFFICE USE ONLY	
Deposit	Notes:
Total Received: _____	_____
Date: _____	_____
Payment Type: _____	_____

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