CAMP RESERVATION FORM - CAMP WAHI



NOTE: This form must be submitted by email or mail with your non-refundable deposit to Girl Scouts of Greater Mississippi within two weeks of confirming your reservation date.

Please circle: Troop Service Unit

Camp Wahi 1593 Shiloh Road Brandon, MS 39042 601.825.5348

To reserve CAMP WAHI, please send this reservation request along with a \$50 non-refundable deposit (\$25 for troops) to: pbrooks@gsgms or mail to the address listed below.

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

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

Event Coordinator:		Troop Number or Service Unit: Email:			
Address:		City:		Zip Code:	
Day Phone:	Night Phor	ne:	Cell Phone: _		
REQUESTED TIME PERI	OD	ESTIMATED # OF CAMPERS		GIRL SCOUT USAGE FEES	
Date of Arrival:	Time:	YOUTH:			
Date of Departure:		AGE RANGE:		\$1.50 per person per day \$2.50 per person per night	
		ADULTS:		\$2.50 per person per night	
Please attach a copy of each person's cer	tification: these are re	TOTAL:	n. Outdoor Trair	ning/Leave No Trace (LNT) and F	
Aid & CPR are required to camp.		TOTAL:equired to receive a camp confirmation		<u> </u>	
Aid & CPR are required to camp. IT/Outdoor Training (OLS)	Name: _	TOTAL:equired to receive a camp confirmation	_ Date Taken	:	
Aid & CPR are required to camp. IT/Outdoor Training (OLS) rst Aid/CPR (Basic)	Name: _ Name: _	TOTAL:equired to receive a camp confirmation	_ Date Taken _ Expires:	:	
Aid & CPR are required to camp. IT/Outdoor Training (OLS) st Aid/CPR (Basic) Feguard-Pool (Advanced Life Supp	Name: _ Name: _ oort) Name: _	TOTAL:equired to receive a camp confirmation	_ Date Taken _ Expires: _ Expires:	:	
Please attach a copy of each person's cer Aid & CPR are required to camp. NT/Outdoor Training (OLS) rst Aid/CPR (Basic) feguard-Pool (Advanced Life Supp addle Sport Facilitator cchery Instructor	Name: _ Name: _ oort) Name: _ Name: _	TOTAL:equired to receive a camp confirmation	_ Date Taken _ Expires: _ Expires: _ Expires:	:	

FACILITY FEES (Please ch	eck preferences):						
Housing:							
Pixie Lodge (28 beds	s)	V	Whispering Pines (36 beds in 9 tents)				
Troop House (32 be	ds)	T	Trail's End (36 beds in 9 tents)				
Tanglewood (44 bed	ds in 9 tents)		,				
Site Facilities:	•						
Great Hall & Kitchen	* - \$25	Craft Shed - \$10	Canoes/Kayaks* - \$10				
Infirmary - \$0-	·	Archery Range* - \$10	Main Fire Circle - \$0				
Pool* - \$10 (Call for	· availability)						
*REQUIRES DOCUMENTATION OF CERTIFICATION for facilitator/instructor/lifeguard prior to use.							
•							
CHECK THE FOLLOWING A	AREAS THAT YOU WILL NEE	D ASSISTANCE WITH, IF ANY:					
Securing Certified Pro	ogram Staff – cannot be guara	anteed.					
(staff fee will apply)* (Lifeguard, paddle sport facilitator, archery instructor) Check-In Procedures Program Ideas Emergency Procedures							
							Special Needs Accommodations Equipment
		• •					
-							
camp on the scheduled date, we we upon receipt. I will encourage all p	will forfeit our \$50 deposit/\$25 for troo participants in our group to follow GSUS	is reservation form and know that it will be subtracted from p and will receive a refund of any additional fees paid beyone. SA Safety Standards in accordance with the guidelines estarm this request prior to our arrival on the confirmed date.	and that. I understand that the camp invoice is due				
Pemember - Girl Scou	its leave a place cleaner	than they found it. Dispose of all litte	er and track Wine down tables				
	-	l dishes, utensils and cookware are cl					
-		bathroom – toilet, sinks, showers an					
	y out of the camp. THAN		id Hoors. Take all trasil to the				
dumpster on your way	y out of the camp. Than	K 100:					
Event Coordinator 9	Signature:		Date:				
Event coordinator s		-	<u> </u>				
		FOR OFFICE USE ONLY					
Denocit	Notes:	FUR UFFICE USE UNLY					
Deposit Total Possived	NOCES.						
Total Received:							
Date:							
Payment Type:	<u>-</u>						