



17-18 GSCTX Camp Reservation Form

Type of Retreat: <input type="radio"/> Troop <input type="radio"/> Service Unit <input type="radio"/> Non-GS Group Name: _____					
Main Contact: _____			Troop # _____		SU#: _____
Address: _____		City: _____		State: _____	Zip: _____
Phone #: _____		Email: _____			
Camp Facility Options					
Camp: <input type="radio"/> Camp Kachina <input type="radio"/> Camp Texlake <input type="radio"/> Zilker Cabin (No Activities/Meals)					
Begin Date (mm/dd/yy): _____			End Date (mm/dd/yy): _____		
Unit/Lodge: _____			Unit/Lodge Cost: _____		
Unit/Lodge: _____			Unit/Lodge Cost: _____		
Unit/Lodge: _____			Unit/Lodge Cost: _____		
Total Unit/Lodge Cost (A): \$ _____			Deposit (\$50/Lodging) (B): \$ _____		
Camp-Out Participants					
# of Participants	Daisy: _____	Brownie: _____	Junior: _____	Cadette: _____	
	Senior _____	Ambassador: _____	Non-GS: _____	Total: _____	
	GS Adult Females: _____		GS Adult Males: _____		Non GS: _____
Activity Options					
Basic Activity Pass (\$15 ea) # _____		Daisy Activity Pass (\$8 ea) # _____		Meal Pass (Full) \$40 ea _____	
Horse Tales (\$15 ea) # _____		Riding & More (\$30 ea) # _____		Meal Pass (SAT.) \$25 ea _____	
Kayaking/Canoes (\$15 ea) # _____		High Ropes (\$15 ea) # _____		(Deposit: \$5 X Total # of Activities/Meals \$ _____)	
Challenge Course (\$10 ea) # _____		Total # Activities: _____			
Activity Total Cost (C): \$ _____			Deposits Total Cost (D): \$ _____		

Cancellation Policy

If a camp reservation is to be cancelled, the Main Contact must inform the Camp Registrar by email 60 days in advance of their campout weekend of their cancellation request in order to receive all paid funds back. If the cancellation is received after the 60 day deadline date, all deposits will be withheld. Any cancellation received less than 30 days prior to the camp start date will receive no refund.

In submitting this from, I agree that if permission is granted for this activity, the policies and guidelines of the Girl Scouts of the USA and Girl Scouts of Central Texas will be followed. I agree that the activity will meet the Girl Scout educational expectations and have read the policies for this activity in Volunteer Essentials and the GSCTX Policies and Procedures.

"Let's Go"		Level: <input type="radio"/> Let's Go 1 <input type="radio"/> Let's Go 2	
Trained Adult (GS Only): _____		<input type="radio"/> Let's Go3	
CPR/First Aid		Date of	
Trained Adult (GS Only): _____		Certification: _____	
Payment Method: Cash Check # _____		Unit/Lodge Total Cost (A): \$ _____	
<input type="radio"/> VISA <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> AMEX			
Card # _____		Activity/Meal Total Cost (C): \$ _____	
Exp. Date: _____	CVV: _____	Total Amount Due: (A+C): \$ _____	
Billing Zip: _____		Total Deposits Due (B+D): \$ _____	
Signature: _____		Deposits Due at time of Reservation	

Questions about reservations, please Contact Us at customercare@gstcx.org
Email Camp Reservation forms to: customercare@gstcx.org or
Mail to Girl Scouts of Central Texas, 1012 Park Thirty Five Circle, Austin, TX 78753
 Attn: Camp Registrar