

Site Reservation Form

Complete and return to GSGWM by **mail**: 1 Commerce Drive, Bedford, NH 03110
or **email**: troopcamping@girlscoutsgwm.org. Non-Girl Scout Groups will need to
included a certificate of insurance.

Group Information

Adult in Charge: _____ Troop #/Group Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Type of Event: Troop/Group Camping Training Camporee Meeting Other: _____

Estimated # of Participants:

Girl Scout Groups: Daisy _____ Brownie _____ Junior _____ Cadette _____

Senior _____ Ambassador _____ Adult _____

Non-Girl Scout Groups: Children _____ Adults _____

Reservation Information

Camp Requested: Camp Farnsworth Camp Kettleford Camp Seawood Camp Twin Hills

Site Choice 1

Site Requested: _____

Check-in Date: _____ Check-Out Date: _____ Number of Overnights: _____

Site Choice 2

Site Requested: _____

Check-in Date: _____ Check-Out Date: _____ Number of Overnights: _____

Girl Scout Groups

Please Select One: OAW Trained BOLS Trained AOLS Trained

Name of Certified Person: _____

All Groups

When reserving a GSGWM Property, there needs to be an adult certified in First Aid and CPR with your group. Please send a copy of certification with this form.

Name of Certified Person: _____

I have read and agree to follow applicable Safety Activity Checkpoints and all of the Girl Scouts of the Green and White Mountains Council Policies and Procedures. We agree that members of our group will be respectful of each other, the facility, and the environment. We understand the processing of payment does not guarantee site reservation, and that until a GSGWM staff member contacts us with confirmation, the space is not booked for our use.

Signature of Adult in Charge: _____ Date: _____