



Facilitated Program/Equipment Reservation Form

Leaders are required to submit this form for the following facilitated programs to ensure that qualified facilitators are being used.

Name: _____ Phone: _____ Alt. Phone: _____
 Address: _____ City: _____ State/Zip: _____
 Service Unit: _____ Troop: _____ Grade Level: _____ Email: _____

- ◆ **The troop leader is responsible for contacting facilitators and making arrangements for the following programs.** Contact your Service Unit Manager for facilitator lists. If a facilitator is not available in your service unit, contact Customer Service at 704-731-6574 for facilitators in other service units. *Note: Contact the Program Department at 704-731-6500 for high challenge facilitators.
- ◆ Complete the chart below with the facilitator's information.
- ◆ Refer to the Campsite Equipment section (below) to reserve necessary equipment/areas for the program.
- ◆ Sign, date and return this form, **with required deposits and fees (separate checks)**, to GSHNC, Attn: Facilitated Programs. Reservations cannot be made by phone. **The reservation must be received four (4) weeks in advance of the requested date.**
- ◆ You will be contacted if your request cannot be accommodated, or you will receive a confirmation by mail.

Adult Facilitators			
Type of Facilitator	Name	Phone Number	Certification/Expiration Date/Date of Training
Archery			
Bouldering Wall			
Fundamentals of Canoe			
Fundamentals of Kayak			
Small Craft Safety			
Waterfront Lifeguard			
Low Challenge Course			
High Challenge Course			

Campsite Equipment: Required Deposit = \$20.00/item checked. If checked below, complete Campsite Reservation Form (P-18) & attach to this form			
<u>Oak Springs</u> <input type="checkbox"/> Canoes	<u>Occoneechee</u> <input type="checkbox"/> Archery <input type="checkbox"/> Canoes <input type="checkbox"/> Climbing Tower <input type="checkbox"/> Kayaks <input type="checkbox"/> Waterfront/Swim Docks <input type="checkbox"/> Low Challenge <input type="checkbox"/> High Challenge	<u>POD Village</u> <input type="checkbox"/> Bouldering Wall & Arena	<u>Tarheelia</u> <input type="checkbox"/> Archery <input type="checkbox"/> Climbing Tower <input type="checkbox"/> Low Challenge <input type="checkbox"/> High Challenge

Date/Starting Time of Program	Return Date/Time
First Choice: Date _____ Time _____	First Choice: Date _____ Time _____
Second Choice: Date _____ Time _____	Second Choice: Date _____ Time _____

Offsite Location Name: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

High risk equipment (canoes, kayaks, archery equipment, etc.) cannot be taken off GSHNC property without prior approval from the GSHNC Service Center.

I understand that we are responsible for the care of the equipment we are reserving and agree to pay for damages incurred. I agree to return all equipment on the above date unless special arrangements have been approved.

Leader's Signature: _____ Date: _____