



## Facilitated Program/Equipment Reservation Form

Leaders are required to submit this form for **all facilitated programs** to ensure that GSHNC approved facilitators are being used. **You must also submit a property reservation request either online or by completing a Property Reservation Form.**

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 except for high element group facilitators.** Contact your Service Unit Manager for facilitator lists. If a facilitator is not available in your service unit, contact Customer Service at 704-731-6500 for facilitators in other service units.
- ◆ **Note: For high element group facilitators, contact the Program Department at 704-731-6500 AND submit a Troop Trip Application.**
- ◆ Refer to the Campsite Equipment section (below) to reserve necessary equipment/areas for the program
- ◆ Complete all sections of the facilitator information below.
- ◆ 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.
- ◆ **A \$20.00 deposit is required with each equipment reservation.**
- ◆ **There is no program fee for troops staying overnight BUT you must reserve the date and time you want to use equipment.**

### Campsite Equipment: Required Deposit = \$20.00

<u>GSHNC</u>	<u>Oak Springs</u>	<u>POD Village</u>	<u>Tarheelia</u>	<u>Catawbow</u>
<input type="checkbox"/> <b>FACES Trailer</b> (used by facilitators to haul items). You must supply your own hitch and adapter for lights.	<input type="checkbox"/> Archery <input type="checkbox"/> Rescue Initiative <input type="checkbox"/> Low Challenge <input type="checkbox"/> Phoenix Tower <input type="checkbox"/> Canoe Trailer (You must supply your own hitch and adapter for lights.)	<input type="checkbox"/> <b>Bouldering Wall &amp; Arena</b>	<input type="checkbox"/> Archery <input type="checkbox"/> Climbing Tower <input type="checkbox"/> Low Challenge <input type="checkbox"/> High Challenge	<input type="checkbox"/> Canoes <input type="checkbox"/> Kayaks <input type="checkbox"/> Canoe Trailer (You must supply your own hitch and adapter for lights.)

### Adult Facilitators

#### Faces Trailer/Canoe Trailer: (Canoes may be reserved and transported to other water locations)

Pick Up Date and Time _____ Return Date and Time _____	Licensed Driver _____ Driver License Number & Expiration Date _____ Insurance Carrier & Expiration Date _____	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
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#### Archery: (Brownie, Junior, Cadette, Senior & Ambassador- Grades 2 and up)

Program Fee: \$10.00 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5  Date: _____ Time: _____	Level 1 First Aider (can be a facilitator) _____ Facilitator _____ Additional Facilitators if required (See Safety Activity Checkpoint for facilitator to participant ratio)	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
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#### Group Rescue Initiative: (Junior, Cadette, Senior & Ambassador- Grades 4 and up)

Program Fee: \$10.00 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5  Date: _____ Time: _____	Level 1 First Aider (can be a facilitator) _____ Lead Facilitator _____ Facilitator _____	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
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**\*Become a Facilitator for your Service Unit! Refer to the Training Section of the FYI for details**



## Facilitated Program/Equipment Reservation Form

<b>Low Challenge:</b> (Junior, Cadette, Senior & Ambassador – Grades 4 and up)		
Program Fee: \$10.00 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5  Date: _____  Time: _____	_____ <b>Level 1 First Aider (can be a facilitator)</b> _____ Lead Facilitator _____ Facilitator	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
<b>Bouldering Wall:</b> (Brownie, Junior, Cadette, Senior & Ambassador- Grades 2 and up)		
Program Fee: \$10 (Day Use Only) Session Length : ½ Day; 9-1 or 1-5  <b>Date:</b> _____  <b>Time:</b> _____	_____ <b>Level 1 First Aider (can be a facilitator)</b> _____ Lead Facilitator _____ Facilitator	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
<b>Canoeing:</b> (Brownie, Junior, Cadette, Senior & Ambassador – see Safety Checkpoints for restrictions)		
Program Fee: \$10 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5 <b>Offsite Fee: \$20 Per Day</b>  Date: _____  Time _____	_____ <b>Level 1 First Aider (can be a facilitator)</b> _____ Lead Facilitator _____ Facilitator	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
<b>Kayaking:</b> (Brownie, Junior, Cadette, Senior & Ambassador – see Safety Checkpoints for restrictions)		
Program Fee: \$10 (Day Use Only) Session Length: : ½ Day; 9-1 or 1-5 <b>Offsite Fee: \$20 Per Day</b>  Date: _____  Time _____	_____ <b>Level 1 First Aider (can be a facilitator)</b> _____ Lead Facilitator _____ Facilitator	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
<b>High Element Group - Climbing Tower:</b> (Cadette, Senior & Ambassador – Grades 6 and up)		
Program Fee: \$20 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5  Date: _____  Time: _____	_____ <b>Level 2 First Aider (can be a facilitator)</b> _____ Lead Facilitator _____ Facilitator	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending



## Facilitated Program/Equipment Reservation Form

<b>High Element Group – High Challenge Course:</b> (Cadette, Senior & Ambassador – Grades 6 and up)		
Program Fee: \$20 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5  Date: _____  Time: _____	<hr/> <b>Level 2 First Aider (can be a facilitator)</b> <hr/> Lead Facilitator <hr/> Facilitator <hr/> Facilitator <hr/> Facilitator <hr/> Facilitator	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending
<b>High Element Group – Phoenix Tower:</b> (Cadette, Senior & Ambassador)		
Program Fee: \$20 (Day Use Only) Session Length: ½ Day; 9-1 or 1-5  Date: _____  Time: _____	<hr/> <b>Level 2 First Aider (can be a facilitator)</b> <hr/> Lead Facilitator <hr/> Facilitator <hr/> Facilitator <hr/> Facilitator (Phoenix Tower: for 11 – 15 participants) <hr/> Facilitator (Phoenix Tower: for 16 – 20 participants) <hr/> Facilitator (Phoenix Tower: for 21 – 25 participants)	Office Use Only  CERTIFICATION(S) <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending <input type="checkbox"/> On File <input type="checkbox"/> Pending

**Supplemental Insurance Fee Schedule**

**Supplemental Insurance is required for all non-registered adults and tag-a-longs for any Girl Scout activity.** Tag-a-longs are defined as younger siblings, friends, boys, or a registered Girl Scout who is not of the proper age for the activity she is attending and she is not participating as a service project. For example, a Brownie who accompanies her older sister’s Junior troop to an activity for Juniors is considered a Tag-a-long and must purchase additional insurance. However, a Cadette assisting with a Brownie troop is covered, since she is performing service. Send a check to GSHNC, made payable to Mutual of Omaha. To calculate the amount, multiply the number of non-registered and tag-a-long participants times .11 cents. **There is a minimum charge of \$5.**

- Plan 2 – Accident only: Total # of Participants \_\_\_\_\_ X 11 cents = \$ \_\_\_\_\_
- Plan 3E – Accident and Sickness: Total # of Participants \_\_\_\_\_ X 29 cents = \$ \_\_\_\_\_
- Plan 3P – Accident and Sickness: Total # of Participants \_\_\_\_\_ x 70 cents = \$ \_\_\_\_\_

**Note: With Plan 3P, Mutual of Omaha serves as the primary insurance and your personal insurance serves as the secondary.**

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 any damages incurred **outside of normal wear and tear**. I agree to return all equipment on the above date unless special arrangements have been approved.

Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_