



Girl Scouts of the Missouri Heartland, Inc.
Program Center Reservation
Latonka

This form, along with any applicable fees, must be submitted for overnight or day use of the Latonka Program Center at least four weeks prior to the event. Upon approval of your reservation application, a confirmation packet verifying unit/area and date(s) will be mailed to you. Deposits/fees will be refunded only if cancellation is made 10 days prior to confirmed date of use.

Reservation Information

Date of Reservation Request _____

Troop # _____ is applying for (check one) Day Use Overnight Use

Service Unit # _____ is applying for (check one) Day Use Overnight Use

Contact Person _____ Evening Phone _____

Day Phone _____ Cell Phone _____ E-Mail _____

Address _____

City _____ State _____ ZIP _____ County _____

Program Age Level: Girl Scout Daisy Girl Scout Brownie Girl Scout Junior

Girl Scout Cadette Girl Scout Senior Girl Scout Ambassador Adult

Event Information

Number of: Girls _____ Adults _____

Name of emergency contact *who will not be on site* _____

Troop Position _____ Home Phone _____ Cell Phone _____

Address _____

Adult(s) attending who have completed required trainings:

 Basic Outdoor Skills _____ Basic Troop Camping _____

Sites/Facilities

There is no fee for Girl Scout troop usage for day outings such as picnics and hikes. The fee schedule below applies for all other troop usage and overnight troop usage. Girl Scout service unit usage will be charged at a rate of \$25 per day for basic main facility usage. The fee schedule below applies for all other service unit usage and overnight usage.

Facilities (day/overnight usage)		
Hickory Hollow (5 cabins, covered pavilion, 1 fire circle showers/bathrooms) \$8 per cabin	# of days/nights _____ x # of cabins _____ x \$8 =	\$ _____
Shady Oak (5 cabins, covered pavilion, 1 fire circle, showers, bathrooms) \$8 per cabin	# of days/nights _____ x # of cabins _____ x \$8 =	\$ _____
Gypsy Dell (5 cabins, unit shelter, 1 fire circle, shower house/bathrooms) \$8 per tent	# of days/nights _____ x # of tents _____ x \$8 =	\$ _____
Level Acre (9 platform tents, unit shelter, 1 fire circle, shower house /bathrooms) \$2 per tent	# of days/nights _____ x # of tents _____ x \$2 =	\$ _____
Old House (full kitchen, fireplace, sleeping area, latrine, outside fire circle) \$25 per group per night	# of days/nights _____ x \$25 =	\$ _____
Troop House (Full facilities, sleeps 12) \$25 per group per night	# of days/nights _____ x \$25 =	\$ _____
Dining Lodge (kitchen use must be approved and an additional fee may be charged) \$25 per group per day	# of days/nights _____ x \$25 =	\$ _____
Cook's Shack (shower, bathroom, sleeps 4) \$25 per group per night	# of days/nights _____ x \$25 =	\$ _____
Recreation Room <i>No Fee</i>	# of days/nights _____	Free
Infirmary - \$25 per day/night (full kitchen/bathrooms and 3 bedrooms) \$25 per group per day/night	# of days/nights _____ x \$25 =	\$ _____
TOTAL FEES		\$ _____

Facility Reservation Choices (Please fill in your first and second choice for facility reservation.)

Facility Choice 1 _____
 Arrival Day/Time _____ Departure Day/Time _____

Facility Choice 2 _____
 Arrival Day/Time _____ Departure Day/Time _____

Equipment Reservation/Rental (Please check the box next to the items you would like to reserve.)

Archery* \$2 per person	# of archery _____ x days of usage _____ x \$2 =	\$ _____
Canoeing* (no more than three persons in a canoe) \$3 per canoe	# of canoes _____ x days of usage _____ x \$3 =	\$ _____
Low Ropes* \$15 per person	# of people _____ x days of usage _____ x \$15 =	\$ _____
High Ropes* \$20 per person per day	# of people _____ x days of usage _____ x \$20 =	\$ _____
Zip line \$20 per person	# of people _____ x days of usage _____ x \$20 =	\$ _____
Fishing* No fee	(No equipment provided)	Free
TOTAL FEES		\$ _____

***Required Specialists**

The activities marked with an (*) above require a certified adult specialist. The council does not provide facilitators on site or set the facilitator fee. Contact a Leadership Program Specialist for a list of certified facilitators. Please list your specialist's name and attach a copy of his/her proof of certification on a separate page.

Activity	Specialist's name	Copy of certification?
Archery (See Safety-Wise)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Canoeing (not float trips) (Current min. certification of Small Craft Safety)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low Ropes (See Safety-Wise)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Ropes (See Safety-Wise)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fishing (Current min. certification of Basic Water Rescue)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Methods

Check(s), made payable to Girl Scouts of the Missouri Heartland, Inc. \$ _____

Credit Card (Please complete information below.) \$ _____

Credit Card Type: _____ **TOTAL ENCLOSED** \$ _____

Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

This form, along with any applicable fees, must be submitted at least four weeks prior to your desired reservation date. Phone, fax and e-mail reservations must be paid with a credit card. Forms/payment may also be brought to any GSMH service center or mailed to GSMH Program Center Reservations at 1432 Kurre Lane, Cape Girardeau, MO 63701

For Office Use Only:
 Date Reservation Rec'd _____ Approved: Yes No Date Confirmation Packet Sent _____ Initials _____

Girl Scouts of the Missouri Heartland, Inc.

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