



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

*This form, along with any applicable fees, must be submitted for overnight or day use of the Mintahama 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)**

Luta (7 tree houses, unit shelter, latrine, 1 fire circle) \$8 per tree house per day/night	# of days/nights _____ x # of tree houses _____ x \$8 =	\$ _____
Talahi (7 platform tents, unit shelter, latrine, 1 fire circle) \$2 per tent per day/night	# of days/nights _____ x # of tents _____ x \$2 =	\$ _____
Hill Top (3 cabins-each sleep 8,electric, latrine, 1 fire circle) \$8 per cabin per day/night	# of days/nights _____ x # of cabins _____ x \$8 =	\$ _____
Wihi (8 screened cabins, unit shelter, 1 fire circle) \$8 per cabin per day/night	# of days/nights _____ x # of cabins _____ x \$8 =	\$ _____
CIT House (Open room, fireplace, no shelter, 1 fire circle, latrine) \$25 per day/night	# of days/nights _____ x \$25 =	\$ _____
Bunk House (sleeps 12, kitchen, bathroom) \$25 per day/night	# of days/nights _____ x \$25 =	\$ _____
Grey Squirrel Lodge (Full facilities, fireplace and wood stove) \$25 per group per day/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/night	# of days/nights _____ x \$25 =	\$ _____
Recreation room	No Fee	Free
Camp Director/Health Center (council approval only) \$25 per group per day/night	# of days/nights _____ x \$25 =	\$ _____
<b>TOTAL FEES DUE</b>		<b>\$ _____</b>

**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 indicate below if you would like to reserve any specialized equipment or activities.)

Archery* \$2 per person	# of archery _____ x days of usage _____ x \$2 =	\$ _____
Canoeing* (no more than three persons in a canoe) \$3 per canoe	_____ x days of usage _____ x \$25 =	\$ _____
Pool \$25 per group per day	# of people _____ x days of usage _____ x \$8 =	\$ _____
Fishing* No fee	(No equipment provided)	Free
<b>TOTAL FEES</b>		<b>\$ _____</b>

**\*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.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool (Current Lifeguard Training/CPR for the Professional Rescuer certificate)	_____	<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 \_\_\_\_\_

