



Girl Scouts of the Missouri Heartland, Inc.
Program Center Reservation
Sacajawea - West

This form, along with any applicable fees, must be submitted for overnight or day use of the Sacajawea–West 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)

Lodge (Kitchen, fireplace, bathroom; accommodates 20) \$25 per day/night	# days/nights _____ x \$25 =	\$ _____
Pavilion	No fee	Free
Craft House	No fee	Free
Tent camping in the Meadow (Must use outside entrance for bathrooms)	No fee	Free
TOTAL FEES DUE		\$ _____

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 _____

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 _____

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Girl Scouts of the Missouri Heartland, Inc.

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