



Girl Scouts of Western New York, Inc.
Non-Girl Scout Application/Contract
CAMP SKY HIGH



MAIL OR DELIVER APPLICATIONS AT LEAST 60 DAYS IN ADVANCE OF STAY TO THE REGISTRAR(S) AS FOLLOWS:

Camp Pinewood, Camp Piperwood, Camp Seven Hills, and Camp Sky High:
Rochester Service Center, 1020 John Street, West Henrietta, NY 14586 Ph: 1-(888) 837-6410 Fax: (585) 292-1086

Name of Group or Agency:			
Adult in Charge:		Other On-site Adult:	
Address:		City:	State:
Phone # (H): ()	Phone # (W): ()	Phone # (C): ()	
Email Address:			

Type of camping:	<input type="checkbox"/> Overnight	<input type="checkbox"/> Day Use (Sunday (p.m. only)- Thursday only)
Number of children:	Number of adults:	

Dates desired (in order of preference):		Staff Use Only
1 – From:	To:	Confirmed:
2 – From:	To:	Confirmed:
3 – From:	To:	Confirmed:
Time of Arrival (after 4 p.m.):		Time of Departure (before 3 p.m.):

PLEASE INDICATE WHICH AREA YOU WOULD LIKE TO RESERVE

CAMP SKY HIGH SITES:	
<input type="checkbox"/> Morningstar Lodge	
<input type="checkbox"/> Northstar Lodge	

Please indicate any special needs or accommodations:

PAYMENT / DEPOSIT(S) / CANCELLATIONS

Payment in full must accompany application if site use fee is \$250 or less or your event is within 30 days. If site use fee is greater than \$250.00, please include a payment of at least 25% with your application. Note: A Security Deposit of \$250 must also accompany all applications (*separate check please*). (*Base fee on facility and camp of first choice--see Camping Facilities Chart*)

All Camp Sites are Carry-In / Carry-Out.

Please add a dumpster fee of \$25.00 if you cannot meet this criterion. (*Dumpsters are not available at Camp Windy Meadows or Camp Sky High*) Full payment required no later than thirty (30) days prior to your stay. Thank you

\$ Payment in full required 30 days prior to your event to avoid event cancellation. \$

Please check one:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Card #:	Exp:		Amount:		CVV # (3- digit):	
Cardholder Name (<i>please print</i>):						
Address:			City:		Zip:	
Signature of Cardholder:						

C.V.V. # (3-digit) – security 3 digit code on back of card

Cancellation / Refund Policy:

- Refunds will be made when Girl Scouts of Western New York, Inc. must cancel a reservation.
- If the applicant cancels, their request must be to council in writing at least 60 days before the reservation date(s); a 10% processing fee will be retained if a refund is requested. Consideration given to a one time move of a reservation to another available date if within 60 days of the first reservation.
- Reservations are not transferable.

****STOP TIME SENSITIVE** SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED:**

We agree to indemnify and hold the Girl Scouts of Western New York, Inc. harmless for any personal injury or property damage arising out of our use of the premises.

It is the responsibility of the group using a council-owned site to provide all necessary personnel, including adults with current certifications as appropriate (outdoor training, first aid certifications, etc.).

At least forty-five (45) days before our use of the premises, we will present to the Girl Scouts of Western New York, Inc. written proof of our general liability, naming the Girl Scouts of Western New York, Inc. as additional insured (certificate holder), with a combined single limit of at least \$1,000,000.00. Option 1: Certificate of Insurance. Option 2: Your homeowner's policy may provide coverage.

Option 3: It may be possible for you to purchase insurance through our insurance broker. Please direct your request to: First Niagara Risk Management, Risk Management Representative @ (585) 546-3747 at least 45 days prior to your rental.

We agree that we shall be subject to the rules, regulations, and policies of the Girl Scouts of Western New York, Inc. which are included in this Agreement, as part of the Agreement. We agree that should a difference of opinion arise concerning the rules, regulations, and policies, any officer of the Girl Scouts of Western New York, Inc. shall have the ultimate authority to enforce and interpret these rules, regulations, and policies. We agree to abide by any such interpretations.

Signature of Authorized Person:	Date:
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OFFICE USE ONLY:

5092-340-999-34

Receipt Date Stamp:

Camp Confirmed:			
Date(s) Confirmed:			
Remittance	Amount	Date	Staff Initial
Payment in Full / Partial			
Balance			
Security Deposit			
Security Deposit Refunded			