



Girl Scouts of Western New York, Inc.

Girl Scout Application/Contract CAMP WINDY MEADOWS



MAIL OR DELIVER APPLICATIONS AT LEAST 60 DAYS IN ADVANCE OF YOUR STAY TO REGISTRAR(S) AT;

Camp Oak Orchard, Camp Timbercrest and Camp Windy Meadows:

Buffalo Service Center 3332 Walden Avenue, Suite 106 Depew, NY 14043 Ph: 1-(888) 837-6410 Fax: (716) 706-1359

APPLICATIONS RECEIVE LESS THAN 30 DAY IN ADVANCE OF STAY MUST BE APPROVED BY PROPERTY MANAGER PRIOR TO APPLICATION PROCESSING.

Troop/Group #:	Service Unit:	County:	
Troop Leader's Name:		# Girls:	# Adults:
Please check age level(s):	<input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/> Adults		

Adult in Charge:		Position in Group:	
Address:		City:	State: Zip:
Phone # (H): ()	Phone # (W): ()	Phone # (C): ()	
Email Address:			

Type of camping:	<input type="checkbox"/> Troop Camping, Overnight <input type="checkbox"/> Day Use (Sunday (p.m. only)- Thursday only)		
Camp requested for	# girls:	# women:	# men (all must sleep in separate sleeping area):

Dates desired (in order of preference):		Office 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 MARK, WHICH AREA(S) OF THE CAMP YOU WOULD LIKE TO USE, INDICATING 1st, 2nd AND 3rd CHOICES:

CAMP WINDY MEADOWS SITES:	
_____ Hearthstone Lodge	_____ Woodchuck (May-Sept)
_____ Vanderburgh Lodge (May-Oct)	_____ Pine Meadows (May-Sept)
_____ Woodhaven (May-Sept)	

Please indicate any special needs or accommodations:

ALL APPLICATIONS MUST BE ACCOMPANIED BY PAYMENT.

Payment in full must accompany application if site use fee is \$250 or less. If site use fee is greater than \$250.00, please include a payment of at least 25% with your application. All Camp Sites are Carry-In / Carry-Out. Please add a dumpster fee of \$25.00 if you cannot meet this criterion.)

(Base fee on facility and camp of first choice--see Camping Facilities Chart) Total Amount Enclosed: \$ _____

Payment in full required no later than 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 (please print):						
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, a written request must be received 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.

CERTIFICATION(S):

Please fill in the appropriate information below, based on your planned camp activities (please submit copies of all applicable certifications with your application):

Troop/group outdoor education certified adult attending:

Name:		
Phone # (H): ()	Phone # (W): ()	Phone # (C): ()
Outdoor education certification. Indicate the <u>date training was taken</u> for all that are applicable:		
Outdoor I Date:	Outdoor II Date:	

A qualified first aider: (Provide copy of current certification in American Red Cross Community First Aid and/ Community CPR)

Name:	CPR Type:	Exp. Date:
Name:	1st Aid Type:	Exp. Date:

Boating/canoeing: A minimum of two qualified adults (over 18) must supervise all boating/canoeing activities.

At least one person (over 18) must be a currently certified lifeguard. There must be a minimum of one person (over 18) currently certified for each type of small craft used, and must be a different adult(s) from life guarding adult. Consult *Safety-Wise*. Complete as appropriate:

Name:	Type:	Exp. Date:
Name:	Type:	Exp. Date:

All applicants must complete this section:

I certify that all required trainings listed will be taken before the camping date. I will notify the council Registrar.

Leader's Signature:	Date:
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OFFICE USE ONLY:

5091-340-999-36

Receipt Date Stamp:

Camp Confirmed:			
Date(s) Confirmed:			
Remittance	Amount	Date	Staff Initials
Payment in Full / Partial			
Balance			