girl scouts of eastern missouri

APPLICATION FOR DISTRICT/NEIGHBORHOOD EVENTS

Date Submitted_____ District ___ _____ Neighborhood_____ ____ Event Year_____ . ____

Program/Age Levels [circle all that apply]: D B J C S A Adult

Event Date/s _____ ____ _____(if **NOT** requesting camp use) Overnight Event _____Yes _____No

Name of Event _____

Event Location _____

Event Director _____[D] _____[E]_____

Address_____City/Zip_____

Certified Camper (for events at camp) _____

D/N Leadership Team Chair Signature _____ Date _____

*SUBMIT TO THE PROGRAM DEP. PD-3 EVENT NOTIFACATION FORM FOR ACTIVITY SCHLORSHIPS AT DISTRICT/NEIGHBORHOOD EVENTS.

CEDARLEDGE			TUCKAHO			FIDDLECREEK		
Unit	Cost		Unit	Cost		Unit	Cost	
Ahwenasa	$40		Covered Wagons	$40		Happy Acres	$40	
Totem Village	40		Prairie Schooners	40		Pleasant Valley	40	
Cypress Meadows	55		Dogwood Dell	55		Hill & Dale	40	
Glen	55		Persimmon Patch	55		Glen & Vale	40	
Gypsy Dell	40		Raccoon Ridge	55		Ridgetop	40	
Daisy Dell	40		The Village	40		Hilltop	40	
Kiamecia	55		Sun Flower Meadow	40		Gaylord	70	
Skyview	55		Merry Oaks	55		Sequoia	70	
Tanda	55		Log Cabins	40		Dogpatch	35	
Timber Trails	55		Frontier Village	40		Day Outing	-0-	
Border Village	40		Tree Houses	40		Kitchen	60	
Cliffs End	40		Maple Grove	40				
Bright Star	60		Boones Loft	70				
Rocky Ledges	40		Carver House	70				
Boulder Ledges	40		Sacajawea	70				
Luckystone Lodge	60		Tuck East	70				
Manor House	60		Tuck West	70				
Petite Chalet	60		Hickory Lane	35				
Gail's Place	70		Mystery Pond	30				
Wohl Lodge	70		Green Ridges	-0-				
Prim Lake	35		Kitchen	60				
Whispering Winds	35							
Conestoga	35							
Day Outing	-0-							
New Dining Hall Kitchen	60							

Request for Camp Use

Date of Event:
1st Choice_____
2nd Choice_____
3rd Choice_____

Location of Event:
1st Choice_____
2nd Choice_____
3rd Choice_____

Note: No District/Neighborhood Event Camping April 22-May 31 and September 15-October 24. (on council owned property)

*Other facilities and equipment required: (canoes, pool, activity areas, etc.)_____

**Camp Supervisors Name:

Phone:_____

(Supervisor will be assigned if not listed here. Submit requests to camp department by August 1st for November-April events or December 1st for May-October events.)
**Note: Please confirm availability with Camp Supervisor before listing.

* Camp use for events F11 due one year before event date (ie: by April 30th for events the following April)
*Note: Public use areas and facilities are still open for public unless the event has the entire camp (every unit) reserved and confirmed.

For Service Center Use Only

Approval for Camping & Non-Camping Events: Girl Development Department Approval

Community Development Manager _____Date _____

Assistant Director, Girl Development _____Date _____

Routing: 1.CDM: – White 2. Event Director - Canary 3. Neighborhood Team Chair/District Chair - Pink *Event Director sends copies to: Event Business Manager and D/N Press Rep.

Approval for Camping Events: Camp Department Approval

Camping Resource Specialist _____Date _____

Director, Camping Services and Facilities_____Date _____

Routing: 1.Camping Resource Specialist – White – Community Development Manager will make and keep a copy. Above routing stays the same.