

GIRL SCOUTS OF WASHINGTON ROCK COUNCIL, INC.
201 Grove Street East, Westfield, NJ 07090

Hoover Facility Use Application for Girl Scouts

Applications may be sent in at any time. On November 1st we begin processing requests for January through mid-June. On April 1st we begin processing requests for September through December requests.

Troop/Group# _____ Circle Level: Daisy Brownie Junior Cadette Senior Adult

Washington Rock GS Council: _____ Other Council: _____

Leader / Adult in charge:

Name: _____

Phone (day) _____ (evening) _____

Address: _____

FACILITY TO BE REQUESTED: Please indicate your three choices by order and your arrival and departure time.

Heronwood	0	Choice _____	Hickory Hill	0	Choice _____
Evergreen	0	Choice _____	Cedar Ridge	0	Choice _____
Sinawik	0	Choice _____	Birch Hollow	0	Choice _____
Berry Hill	0	Choice _____	Maple Glen	0	Choice _____
Skytop	0	Choice _____	Oak Knoll	0	Choice _____
CIT Cabin 1	0 2 0 3 0	Choice _____	Misty Knoll	0	Choice _____
Valhalla	•	Choice _____			

Arrival _____ Departure _____

****Ethnic Background and Disability information is requested to measure progress serving ALL girls. Please list number attending.**

Participants: Girls _____ Women _____ Men _____ Boys _____

Ethnic Background Alaskan/Native Amer. _____ Black _____ White _____

Per Group: Asian/Pacific Islander _____ also Hispanic/Spanish Origin _____ Other _____

Disabilities: Mental _____ Hearing _____ Learning _____ Physical _____ Visual _____

Please enclose a \$60.00 nonrefundable deposit (unless you cannot be placed) and mail to Camp Registrar, Girl Scouts of Washington Rock Council, Inc., 201 Grove Street East, Westfield, NJ 07090.

A Girl Scouts of Washington Rock Council, Inc. troop/group that does not participate in the council cookie sale will be required to pay a surcharge of double the fee for troop/group camping.

Please circle your means of transportation: Bus Car Van

Please provide a copy of the required certifications:

Adult with CPR Certification

Name _____ Phone _____

Expiration Date _____

Adult with First Aid Certification:

Name _____ Phone _____

Expiration Date: _____

Adult with Outdoors Training:

Name _____ Phone _____

*Please provide copy of certification

PROGRAM SPACE:

DINING HALL: (\$30.00 fee per time period.) Please check to reserve:

Friday: 7:30 p.m. – 11:00 p.m. _____
Saturday: 9:00 a.m. – 12:00 p.m. _____ 2:00 p.m. – 5:00 p.m. _____ 7:30 p.m. – 11:00 p.m. _____
Sunday: 8:00 a.m. – 12:00 p.m. _____

CREATION STUDIO: (\$20.00 fee per time period.) Please check to reserve:

Friday: 7:30 p.m. – 11:00 p.m. _____
Saturday: 9:00 a.m. – 12:00 p.m. _____ 2:00 p.m. – 5:00 p.m. _____ 7:30 p.m. – 11:00 p.m. _____
Sunday: 8:00 a.m. – 12:00 p.m. _____

TOWNLEY HALL: (\$30.00 fee per time period.)

Friday: 7:30 p.m. – 11:00 p.m. _____
Saturday: 9:00 a.m. – 12:00 p.m. _____ 2:00 p.m. – 5:00 p.m. _____ 7:30 p.m. – 11:00 p.m. _____
Sunday: 8:00 a.m. – 12:00 p.m. _____

CHALLENGE COURSE – Low Ropes: (\$25.00 for ½ day, \$50.00 full day)

Saturday: _____HALF DAY _____FULL DAY _____AM _____PM
Sunday: _____HALF DAY _____FULL DAY _____AM _____PM

**1 Challenge Course Certified Facilitator for every 12-15 girls.*

Challenge Course Trained Adult Facilitator:

Name _____ **Phone** _____

***Please provide a copy of certification**

_____ *I would like the Girl Scouts of Washington Rock Council, Inc. to provide a Challenge Course certified adult.*

WATERFRONT: (\$25.00 for ½ day, \$50.00 full day)

Saturday: _____HALF DAY _____FULL DAY _____AM _____PM
Sunday: _____HALF DAY _____FULL DAY _____AM _____PM

Waterfront–All troops/groups using the waterfront must have a trained Waterfront Manager.

Trained Waterfront Manager

Name _____ **Phone** _____

***Please provide a copy of certification**

Swimming **Date** _____ **#Participants** _____ **Time** _____

**1 Certified Lifeguard + 1 Boating Instructor (per each type of boat) +2 Adult watcher*

Certified Lifeguard

Name _____ **Phone** _____

Certification Expiration Date _____ ***Please provide a copy of certification**

_____ *I would like the Girl Scouts of Washington Rock Council, Inc. to provide a certified lifeguard(s).*

Boating **Date** _____ **#Participants** _____ **Time** _____

**1 Certified Lifeguard + 1 Boating Instructor (per each type of boat) +2 Adult watchers*

Please specify the boats you wish to reserve: Canoes Rowboats Funyak

Certified Boating Instructor

Name _____ Phone _____

Certification Expiration Date _____ *Please provide a copy of certification

_____ *I would like the Girl Scouts of Washington Rock Council, Inc. to provide a certified Boating Instructor.*

Kitchen/Dining Hall # Participants _____

Date _____ Meals _____ Breakfast _____ Lunch _____ Dinner _____ Eve _____

Date _____ Meals _____ Breakfast _____ Lunch _____ Dinner _____ Eve _____

Date _____ Meals _____ Breakfast _____ Lunch _____ Dinner _____ Eve _____

Trained Dining Hall Manager

Name _____ Phone _____

*Please provide a copy of certification

_____ *I would like the Girl Scouts of Washington Rock Council, Inc. to provide a trained Dining Hall Manager or Food Service vendor.*

**Please have your Service Unit Manager sign this application.*

Service Unit Manager Signature

Date