



# Property Rental Application

Complete this property rental application and return to:  
 Girl Scouts of Greater Chicago and Northwest Indiana  
 Attn: Property Registrar, 20 S. Clark Street, Suite 200, Chicago, IL 60603  
 E-mail: [property@girlscoutsgcnwi.org](mailto:property@girlscoutsgcnwi.org) • Fax: 312-750-0718 • Phone: 312-416-2500

- Girl Scout Troop \_\_\_\_\_ Council Name \_\_\_\_\_  
 Not-Profit Organization \_\_\_\_\_  
 Other/For-Profit Organization \_\_\_\_\_

Lead Coordinator's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

<b>Total Girls by Girl Scout Grade Level</b>			<b>Total Number of Campers</b>		
_____ Daisy	_____ Brownie	_____ Junior	_____ Girls	_____ Boys	
_____ Cadette	_____ Senior	_____ Ambassador	_____ Adult Females	_____ Adult Males	

**Grade Level(s) for Groups not Affiliated with Girl Scouts** \_\_\_\_\_  
 Camp \_\_\_\_\_ Site(s) \_\_\_\_\_  
 Date(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
First Choice Second Choice Third Choice

- Weekend (2 nights)  Overnight (1 night)  Day Use  
 Arrival Time (not prior to 4:00 p.m.) \_\_\_\_\_  
 Departure Time (no later than 2:00 p.m.) \_\_\_\_\_

**Food Service Options** (check one)  Catered Meal (available at all camps, min. of 30 participants required)  Groceries Only (available at limited camps, min. of 15 participants required)  
 Number of Participants \_\_\_\_\_  Please send me a flyer with menu choices and price per person.  
 Check all that apply:  Continental Breakfast  Breakfast  Lunch  Dinner  Snack

**Recreational Options** (please note that not all camps have the recreations listed)  Archery  Canoe  Hay Wagon Ride  Mini Golf  Pool/Swimming  Snow Shoes  
 Number of Participants \_\_\_\_\_

Outdoor Trained Adult \_\_\_\_\_  
 Name of Outdoor Training Taken \_\_\_\_\_ Date Training Completed \_\_\_\_\_  
 Certified First Aider \_\_\_\_\_ Expiration Date from Card \_\_\_\_\_  
 Certified CPR Adult \_\_\_\_\_ Expiration Date from Card \_\_\_\_\_

**Payment Information – Pay using method below or check here to wait for contract**

Credit Card	Check
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card # _____ Expiration Date _____ Name on Card _____ Billing Address _____ <b>NOTE: Submitting via e-mail is not part of our secure Internet reservations environment.</b> For increased security, credit card information can be provided over the phone by calling 312-416-2500, ext. 6323.	Check # _____ Amount _____

**OFFICE USE ONLY:**

ON CALENDAR \_\_\_\_\_ CONFIRMED \_\_\_\_\_ ENTERED \_\_\_\_\_ REC \_\_\_\_\_ CONFIRMED \_\_\_\_\_  
 CANCELLED \_\_\_\_\_ SENT CONTRACT \_\_\_\_\_ SIGNED CONTRACT \_\_\_\_\_ INTERNAL USE \_\_\_\_\_ INTERNAL USE \_\_\_\_\_

NOTES: \_\_\_\_\_