



# Volunteer Center Reservation Form

## Reservation Dates

1st Choice    Check-In Date \_\_\_\_\_ Time \_\_\_\_\_ Check-Out Date \_\_\_\_\_ Time \_\_\_\_\_  
 2nd Choice    Check-In Date \_\_\_\_\_ Time \_\_\_\_\_ Check-Out Date \_\_\_\_\_ Time \_\_\_\_\_  
 Day \_\_\_\_\_ Night \_\_\_\_\_ Overnight \_\_\_\_\_ More than one night (Specify how many) \_\_\_\_\_  
 Location:     Montgomery Volunteer Center                       Mobile Earline Locke Volunteer Center

## Group Information

Leader Name \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 # of participants: Total \_\_\_\_\_  
 \_\_\_ Daisy    \_\_\_ Brownie    \_\_\_ Junior    \_\_\_ Cadette    \_\_\_ Senior    \_\_\_ Ambassador    \_\_\_ Adult    \_\_\_ Tagalongs

## Facility Information

Use of the Earline Locke or Montgomery Volunteer Centers requires key check out from the Retail Shop prior to the event. A \$25 Damage Deposit is required. Damage deposits will be returned if Kapers are completed, the form is returned to the council upon departure and ALL requirements are met. Please return the completed Kapers sheet and key by putting it in the mail slot of the main building. Refund subject to confirmation by council staff.

**Set Up:** Please specify how many tables and chairs are needed. # of Tables \_\_\_\_\_ # of Chairs \_\_\_\_\_

	Capacity	Fee	Check to Reserve	Total
Volunteer Center (Day/Night Use)	N/A	\$10 per day/night		
Volunteer Center (Overnight Use)	20	\$25 per night		
<b>Total Fees</b>				\$ _____

## Certification Information

A copy of current certification must be attached. Complete entire certification information.

Certification	Required for	Certified Person	Date Certification Received
CPR	Day or Overnight Use		
First Aid	Day or Overnight Use		
Camping Adventure	Day or Overnight Use		

Please complete second page.

## Volunteer Center Reservation Form Continued

Notify the Girl Scout office immediately of cancellation. No fees will be refunded unless four weeks written notice is provided. **Email form to [tripapproval@girlscoutssa.org](mailto:tripapproval@girlscoutssa.org)** or mail Reservation Form and Payment to:

**Mobile Earline Locke Volunteer Center** 3483 Springhill Ave., Mobile, AL 36608

Fax: 251.344.4181

**Montgomery Volunteer Center** 145 Coliseum Boulevard, Montgomery, AL 36109

Fax: 334.272.6574

### Payment Information

Please make checks payable to Girl Scouts of Southern Alabama, or GSSA.

Damage Deposit Amount \$25

Rental Fee Amount \_\_\_\_\_

Non-GSSA Council Amount \$50

Amount Total \_\_\_\_\_

MasterCard

Visa

Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

CVV code (3 numbers on back of card) \_\_\_\_\_

Please write any special requests here.

### OFFICE USE ONLY

---

\_\_\_\_\_ Added to Google Calendar

\_\_\_\_\_ Kapers Rec'd

\_\_\_\_\_ Added to Property Calendar

\_\_\_\_\_ Deposit Refund Sent

\_\_\_\_\_ Deposit Rec'd

\_\_\_\_\_ Payment Rec'd

\_\_\_\_\_ Confirmation Packet Sent