

SITE FACILITIES REQUESTED

(In addition to per person fee, there will be a per site facility usage fee. The price is noted next to the site.)

| | | |
|--|--|--|
| <input type="checkbox"/> Dining Hall & Kitchen*.....\$25 | <input type="checkbox"/> Craft House.....\$0 | <input type="checkbox"/> Lake*.....\$10 |
| <input type="checkbox"/> Program Center.....\$10 | <input type="checkbox"/> Archery Range*.....\$10 | <input type="checkbox"/> Canoes*... Included in lake price |
| <input type="checkbox"/> Civitan Pavilion.....\$0 | <input type="checkbox"/> Pool*.....\$10 | |

***REQUIRES DOCUMENTATION OF CERTIFICATION for facilitator/instructor/lifeguard prior to use.**

CAMP ITI KANA ON SITE CERTIFICATION REQUIREMENTS

Please attach a copy of each person's certification.

| | | |
|---------------------|-------------|-------------------|
| Outdoor Training: | Name: _____ | Date Taken: _____ |
| First Aid/CPR: | Name: _____ | Expires: _____ |
| Lifeguard-Pool: | Name: _____ | Expires: _____ |
| Lifeguard-Pool: | Name: _____ | Expires: _____ |
| Canoe Instructor: | Name: _____ | Expires: _____ |
| Archery Instructor: | Name: _____ | Expires: _____ |
| Lifeguard-Lake: | Name: _____ | Expires: _____ |
| Kitchen/Serv-Safe: | Name: _____ | Expires: _____ |

CHECK THE FOLLOWING AREAS THAT YOU WILL NEED HELP IF ANY:

| | | |
|---|---|---|
| <input type="checkbox"/> Menu Planning | <input type="checkbox"/> Cabin/Tent Assignments | <input type="checkbox"/> Check-in Procedures |
| <input type="checkbox"/> Securing Cooks | <input type="checkbox"/> Securing Certified Program Staff | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Program Ideas | <input type="checkbox"/> Special Needs Accomodations | <input type="checkbox"/> Equipment |

***Special note: A CAMP ITI KANA USER GROUP REPORT FORM (included in confirmation packet) and all fees owed by user group (less \$50.00 deposit) for day and/or night use and any other expenses incurred (food, supplies or program sites) are due to GSGMS within 30 days following this event.**

I will encourage all participants in our group to follow GSUSA Safety Standards in accordance with the guidelines established on site at Camp Iti Kana. I understand that it is my responsibility to inform the Camp Pathway Manager of any changes from this request prior to our arrival on the confirmed date.

Date: _____ Event Coordinator: _____
Signature

| | | |
|------------------------------------|--------------|---|
| FOR OFFICE USE | | |
| \$ _____ Deposit received on _____ | Payment type | <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card |