



**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