

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"/>	Great Hall & Kitchen*	\$25	<input type="checkbox"/>	Canoes/Kayaks....	\$0	<input type="checkbox"/>	Team Challenge Course.....	\$10
<input type="checkbox"/>	Main Fire Circle.....	\$0	<input type="checkbox"/>	Lake*\$10	<input type="checkbox"/>	Craft Shed.....	\$0
<input type="checkbox"/>	Archery Range*.....	\$10	<input type="checkbox"/>	Pool*\$10	<input type="checkbox"/>	Cook Shelter (circle location)....	\$0
							Pixie Tanglewood Trail's End	
							Whipering Pines 4-Way Lake	

*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: _____

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