

2018 Girl Scout Reservation Form

Suggestion: upon completing this form phone 800-515-4150 and review your plans with Lillian. This may save you a problem later on. Mail to: Reservations, Laurel Caverns, P. O. Box 62, Hopwood, PA 15445

Each Program requires a six scout minimum.

We would like to make reservations for:

- Rappelling** at _____ 10:00 am _____ 2:00 pm on _____, the _____ of _____, 2018. We have included a prepayment for _____ individuals at \$35 each for a total of \$_____. We are aware the parents must sign the rappelling release form and
- We have downloaded the **Rappelling Release form**
Rappelling (non-participating) observers are only charged \$12.00 each.
- Lower Caving \$25 (ages 12 & up)**
at _____ 10:00 am _____ 2:00 pm on _____, the _____ of _____, 2018. We have included a prepayment for _____ Scout and adult participants at \$25 each for a total of \$_____.
- We are aware the parents must sign the lower caving release form and have downloaded the **Lower Caving Release Form**.
- Upper Caving (ages 9 & up)**
- Option #1: Laurel Caverns Speleology Patch** [upper cave] (\$25 per scout and \$20 per adult) at: _____ 10:00 am _____ 2:00 pm
- Option #2: Upper Cave Exploring only (\$20 pp)** at _____ 10:00 am _____ 2:00 pm on _____, the _____ of _____, 2018. We have included a prepayment for _____ scout and adult participants at \$_____ each for a total of \$_____.
- We are aware the parent must sign the upper caving release form and have downloaded the Upper Caving Release Form.
- The Laurel Caverns Geology Patch** at _____ 10:00 am on _____, the _____ of _____, 2018. We have included a prepayment for _____ Scouts at \$18 each and _____ adult observers at \$12 each for a total of \$_____.
- The Laurel Caverns Forestry Patch** at _____ 2:00 pm on _____, the _____ of _____, 2018. We have included a prepayment for _____ Scouts at \$10 each for a total of \$_____.

Please note: No Girl Scout group will be permitted to engage in any activity without the waivers for our adventure activities signed by the parents. Also, proper footwear is required. Our No-Refund policy applies in these situations. There will be a 10% charge on any credit card refunds.

Troop Number: _____ Contact Person: _____
Phone: Day(____)(____-____) Eve(____)(____-____) Cell (____)(____-____)
Address: _____

- Check enclosed for \$_____
- Please phone: 724-438-3003 if you would like to have the deposit charged to a credit card.
(Please make sure the "awareness boxes" are checked.)