



CAMP PISGAH Activity Request

Submit completed form and the full amount due no less than 30 days prior to your confirmed camping date. Send by scan/e-mail, regular mail, or by fax. Please note that faxed and e-mailed requests must include a credit card. Activity requests made without full payment cannot be processed.

Mail completed form to: Outdoor Experience Coordinator, 8818 West Market Street, Colfax NC 27235
Fax (336)369-7476 Phone (800)672-2148 E-mail: outdoorcamping@girlscoutsp2p.org
Troop will be contacted by the camp 2 weeks prior to camping date to confirm activity schedules

Troop # _____ Contact Name _____ E-mail _____
Confirmed Camping Dates _____ Contact Phone _____

High-Risk Activities Requiring Certified Facilitators at Camp Pisgah

Archery (60 minutes for up to 16)
Juniors & up \$3 per person plus \$10 per session
girls ____ # adults ____ Requested Start Time _____
Activity Total \$_____ (per person + usage fee)

Cooperation Course (90 minutes for up to 16)
CP facilitator required
Brownies & up \$3 per person plus \$10 per session
girls ____ # adults ____ Requested Start Time _____
Activity Total \$_____ (per person + usage fee)

Canoes/Kayaks (60 minutes for up to 24)
All Ages \$3 per person plus \$10 per session
girls ____ # adults ____ Requested Start Time _____
Activity Total \$_____ (per person + usage fee)

Climbing Wall (90 minutes for up to 12)
CP facilitator required
Juniors & up \$8 per person plus \$10 usage fee
girls ____ # adults ____ Requested Start Time _____
Activity Total \$_____ (per person + usage fee)

Campfire (staff-led songs & fire; not cooking) (2 hours)
All Ages
Activity Total \$20 Requested Start Time _____

Swimming Pool (60 minutes for up to 25) - seasonal
All Ages \$3 per person plus \$10 per session
girls ____ # adults ____ Requested Start Time _____
Activity Total \$_____ (per person + usage fee)

If your group is larger than the suggested participants listed, you will need to reserve the number of sessions appropriate for your group size

*For troops that would like to provide their own facilitators – please CIRCLE which activities you will bring in facilitators for. Facilitator certifications **MUST** be sent in **TWO WEEKS** prior to arrival. A skills checklist will be sent to facilitator to review. Facilitator will need to arrange a time to have a skills check completed by camp staff. In the event the facilitator does NOT pass the checklist GSCP2P staff has the right to cancel the activity if a replacement facilitator cannot be provided.

_____ Our troop would like to shop at the Trading Post -- camp souvenirs & gifts-- during our visit. Trading Post will be available upon Troop Check-Out. Cash, checks, credit cards, GSCP2P Cookie Dough and Nut Bucks accepted.

Self-Directed Activities Available at Camp Pisgah (Indicate your time request)

Compass Kit (\$10) _____ Parachute _____ Fishing _____
Large Campfire Ring _____ Games Field _____ (bring own poles & bait)

TOTAL AMOUNT DUE: _____

Payment Method: ___ Cash ___ Check (payable to GSCP2P) ___ Credit Card Amount Authorized (total in full) _____

Name on Card: _____ Billing Address _____

Account ____/____/____/____ EXP ____/____ CVV Code on back _____