



GIRL AND BOY SCOUT GROUP PROGRAM REQUEST FORM

214 Stable Road
 Jekyll Island, GA 31527
 Fax: 912-635-4198
 Email: gstcreervations@jekyllisland.com
 Website: georgiaseaturtlecenter.org

All requests should be made on this form only and faxed or emailed to the address listed above. Program times and dates will be assigned as available within the parameters of your requests. Please understand that your program is not booked until you receive a written confirmation by email within 48 hours of submission. Please make a copy of this form for your records. Thank you so much for your support!

TROOP NUMBER: _____

CONTACT PERSON: _____ TROOP LEADER: _____

PHONE NUMBER:(_____) _____ FAX NUMBER:(_____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

EMAIL ADDRESS: _____ AGE RANGE OF GROUP: _____

OF SCOUTS _____ # OF ADULT CHAPERONES _____ # OF LEADERS _____

HOW DID YOU HEAR ABOUT US?: _____

PLEASE SELECT THE TOUR TYPE AND PROGRAM YOU WOULD LIKE: (Please visit our website for complete program descriptions)

| | |
|---|---|
| <p style="text-align: center;">Please Check One</p> <p><input type="checkbox"/> Boy Scouts</p> <p><input type="checkbox"/> Girls Scouts</p> | <p style="text-align: center;">Please Check One</p> <p><input type="checkbox"/> Option One: \$4 (12 & under) \$6 (13 & up) + tax (Scout participation patch available for purchase: \$2)</p> <p><input type="checkbox"/> Option Two: \$8 Scout/\$8 Adult + tax (Scout participation patch included for Scouts!)</p> <p><input type="checkbox"/> Option Three: \$14 Scout/\$14 Adult + tax (Scout participation patch included for Scouts!)</p> |
|---|---|

Would you like to purchase additional participation patches for \$2 each? ___ YES ___ NO
 If yes, please indicate the number of patches you would like to purchase _____

Select 3 Dates and program times (9 am, 11 am, 1pm or 3pm) :

| Choice | DATE & TIME |
|--------|-------------|
| 1st | |
| 2nd | |
| 3rd | |

GSTC Internal Use Only:

Date received: _____ Initials: _____ Date Assigned: _____ Initials: _____

Confirmation Sent: _____ Initials: _____

Payment Method: Check _____ Cash _____ Credit Card _____ To Be Billed _____