



GIRL & BOY SCOUT PROGRAM REQUEST FORM

214 Stable Road
 Jekyll Island, GA 31527
 Fax: 912-717-6961
 Email: gstcreervations@jekyllisland.com
 Website: georgiaseaturtlecenter.org

Program requests must be submitted using this form and must be received 2 weeks in advance. Please fax or e-mail to the address listed above. No phone calls, please. Program times and dates will be assigned on a first-come, first served basis. You will receive e-mail notification and additional information within 72 hours of submission. Thank you so much for your sea-port!

TROOP NUMBER: _____

CONTACT PERSON: _____ TROOP LEADER: _____

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

ADDRESS: _____

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

EMAIL ADDRESS: _____ AGE RANGE OF GROUP: _____

OF SCOUTS/CHILDREN _____ # OF ADULT CHAPERONES _____ # OF LEADERS _____

HOW DID YOU HEAR ABOUT US?: _____ JOIN OUR SCOUT MAILING LIST? Y N

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>
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SELECT 3 DATES & PROGRAM TIMES (9 am, 11 am, 1pm or 3pm) :

Choice	DATE & TIME
1st	
2nd	
3rd	

GSTC Internal Use Only:

Date received: _____	Initials: _____	GSTC Staff : _____	GSTC Staff : _____
Confirmation Sent: _____	Initials: _____	GSTC Staff : _____	GSTC Staff : _____
Program Agreement : _____	Initials: _____	GSTC Vol : _____	GSTC Vol : _____
C/Refund Policy: _____	Initials: _____	Gift Shop Time : YES NO	Groups: 1 2 4
Tax Exempt Form : _____	Initials: _____	Tidelands reservation: _____	Contact: _____
Payment Method: Check _____ Cash _____ Credit Card _____ To Be Billed _____			