



## Request for GPS Rental Form

The Garden State Council has several GPS units available for rent to members of the council.

Please complete the following application and submit to the Garden State Council. Requests will only be accommodated with a reservation.

Unit #: \_\_\_\_\_ District:: \_\_\_\_\_ Council: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/20\_\_

Requested Pick up Date: \_\_\_\_/\_\_\_\_/20\_\_ Return Date: \_\_\_\_/\_\_\_\_/20\_\_ Total Days: \_\_\_\_\_

Requested Pick-Up Location:  Rowan Scout Resource Center  Loren S. Riggins Scout Resource Center

Purpose:  Geocaching Merit Badge Class  In-Camp Use  Other: \_\_\_\_\_

Leader Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Rental Fees:

The rental Fee is \$30/weekend (3 days) + \$5 for each additional day. Credit Card information is required as a security.

	Qty Available <sup>†</sup>	Replacement Cost
Magellan eXplorist 100	4	\$ 150
DeLorme Earthmate PN-40	3	\$ 300

By signing below, I agree that I will be responsible for the safe and proper operation of all equipment and will ensure all equipment is returned in the same condition I received it. I will be responsible for the replacement cost for any equipment that is damaged and/or not returned. All activities will also be in accordance to the Guide to Safe Scouting.

For Security: Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please drop off to mail this application with necessary payments to

Garden State Council  
c/o Program / GPS  
4468 S. Main Rd.  
Millville, NJ 08332

For Question, please contact: Christopher Collins: [Christopher.Collins@Scouting.org](mailto:Christopher.Collins@Scouting.org) (856) 327-1700 x23

*†: Quantity may change without notice due to unforeseen circumstances*

### FOR OFFICE USE ONLY

Date App Received: \_\_\_\_/\_\_\_\_/20\_\_

Approved:  Yes  No

Approved by: \_\_\_\_\_

Date of Approval: \_\_\_\_/\_\_\_\_/20\_\_

Comments: \_\_\_\_\_

Equipment received in good condition except as noted:

Signed: \_\_\_\_\_

Comments: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_.00 Total Paid \$ \_\_\_\_\_.00 Receipt #: \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/20\_\_

### Security

Card for replacement/damage:  Yes  No \_\_\_\_/\_\_\_\_/20\_\_ Initial: \_\_\_\_\_

If YES, state reason: \_\_\_\_\_