



Girl Scouts®

Girl Scouts of the Chesapeake Bay Council, Inc.

Troop Camping

Application

Troop Information — Please print

Name _____ Troop# _____ Service Unit# _____

Home address _____

Day phone _____ Cell phone _____ E-mail _____

Emergency Contact Information — required, please provide two if possible.

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Participant information: Please attach roster of participants including addresses and phone numbers.

Number of registered participants (please estimate) _____. **Additional insurance purchase is required for non members.**

____ Daisy ____ Brownie ____ Junior ____ Cadette ____ Senior ____ Ambassador

____ Female adults ____ Male adults Are non Girl Scout members attending? Yes No

Complete this section for use of Camp Properties

Please note that check-in at GSCBC, Inc., camp properties is **after 3pm** and check-out times is **before 3pm** but must be noted in the space below for safety purposes. Please fill in your first and second choice of location(s) you would like to utilize:

GSCBC, Inc. - Date(s) _____ Camp _____

Site _____ Arrival _____ Departure _____

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Program Center Program Center Kitchen Dining Hall Dining Hall Kitchen Canoes/Kayaks

____ We will be sharing our unit with Troop # _____ Adult in charge _____

____ We would be willing to share our unit with another Troop if notified in advance.

Troops must provide their own lifeguards and canoe/kayak instructors.

Transportation — Check how girls will be transported to facility. For safety reasons GSUSA does not allow the use of 15 passenger vans.

Car Van Bus Train Ship Airplane Other

List in space provided below the company being used for transportation. If additional insurance is needed, compute your rate and enclose a check made payable to GSCBC, Inc. Insurance rates for a car is \$5 per day, for vans/SUVs is \$7 per day and buses is \$15.00 per day.

Company _____ Phone _____

Safety Information — please put N/A the areas not applicable to your outing.

Certification	Person	Training and Organization (Red Cross, Etc.)	Exp. Date
First Aid/CPR			
Level 2 First Aider			
Life Guard			
Small Water Craft/Canoe trained adult			
Cabin Camping			
Outdoor Certified			
Archery			
Other required certifications			

Troop Leader Approval

I have read *Safety-Wise* and GSCBC, Inc., policies regarding program activities and feel we are prepared for this experience. I understand refunds will be made for cancellations six weeks prior to departure date. For cancellations less than six weeks prior to departure date, the fee can be credited towards a future reservation. An adult with the group has the necessary training to take this Troop on this trip.

Leader signature _____

Date _____

Outdoor Program Consultant

In my opinion, the Troop meets all requirements and is prepared for this activity. Copies of valid certificates are on file with the Service Unit.

OPC signature _____

Date _____

Council Approval

Event Reg. signature _____

Received _____ Receipt # _____

Balance \$ _____ Due date _____

