

**Return to:**

Girl Scouts of River Bluffs Council  
Corporate Service Center  
#4 Ginger Creek Parkway  
Glen Carbon, IL 62034

<b>FOR OFFICE USE ONLY</b>	
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Confirm. sent	_____
Deposit Pd	_____ Balance Pd _____

**GIRL SCOUTS OF RIVER BLUFFS COUNCIL  
CAMP APPLICATION**

*(Submit two copies to the Service Unit Manager for approval.)*

**1. ADULT LEADERSHIP**

Name of **on-site** Adult-in-Charge: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Circle one: Troop Leader    Co-leader    Troop Committee Member    Other \_\_\_\_\_

**2. CAMP NAME: \_\_\_\_\_**

(Address if not council-owned): \_\_\_\_\_

**3. UNIT NAME: \_\_\_\_\_**

*Please review camp site information sheets before deciding on appropriate unit.*

**4. ARRIVAL**

**DEPARTURE**

Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

If this time should change, notify Camp Ranger immediately.

Alternate date/site: 1st: \_\_\_\_\_

2nd: \_\_\_\_\_

**5. GENERAL INFORMATION: (Complete One: A, B, or C)**

**A. Troop Event    If more than one troop, please indicate troop number on line by grade level.**

Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_     Daisy     Brownie     Junior     Cadette     Senior     Ambassador

Number of girls \_\_\_\_\_    Number of adults: Women \_\_\_\_\_    Men \_\_\_\_\_

Number of non-members \_\_\_\_\_    Non-member insurance (date purchased) \_\_\_\_\_

**B. Service Unit Event**

Service Unit # \_\_\_\_\_    Total number of troops/groups attending: \_\_\_\_\_

Number of: Daisies \_\_\_\_\_ Brownies \_\_\_\_\_ Juniors \_\_\_\_\_ Cadettes \_\_\_\_\_ Seniors \_\_\_\_\_ Ambassadors \_\_\_\_\_

Total number of girls \_\_\_\_\_    Total number of adults: Women \_\_\_\_\_ Men \_\_\_\_\_

**C. Other Event (Example: day camp, training, etc.) Type of event: \_\_\_\_\_**

Number attending: \_\_\_\_\_ Troops    \_\_\_\_\_ Groups    \_\_\_\_\_ Service Units

Number of: Daisies \_\_\_\_\_ Brownies \_\_\_\_\_ Juniors \_\_\_\_\_ Cadettes \_\_\_\_\_ Seniors \_\_\_\_\_ Ambassadors \_\_\_\_\_

Number of adults: Women \_\_\_\_\_ Men \_\_\_\_\_

**OVER**

**6. SITE FEE**

For camp fee required, see **COUNCIL PROPERTY USAGE FEES SHEET** in Volunteer Resource Guide

Site usage fee \$ \_\_\_\_\_

Deposit (50% of fee required with application) - \$ \_\_\_\_\_

Balance due 3 weeks prior to dates reserved = \$ \_\_\_\_\_

Please make checks payable to: **GIRL SCOUTS OF RIVER BLUFFS COUNCIL**

**7. ADULTS w/CERTIFICATIONS NAMES**

**DATE OF CERTIFICATION**

A. First Aid \_\_\_\_\_

B. CPR \_\_\_\_\_

C. Troop Camp Training \_\_\_\_\_

D. Lifeguard(s) \_\_\_\_\_

E. Boating Instructor(s) \_\_\_\_\_

F. Rappelling Instructor(s) \_\_\_\_\_

G. Waterfront Safety \_\_\_\_\_

**8. REPORTS AND PROCEDURES**

- A. This application must be signed and forwarded to the Service Unit Manager or designated individual for approval. One copy is to be forwarded (after being signed) to: Program/Training Registrar, Girl Scouts of River Bluffs Council, # 4 Ginger Creek Parkway, Glen Carbon, IL 62034, along with the required fee(s).
- B. The Adult-in-Charge will receive a confirmation packet containing reservation date and unit assigned, directions to site location, Equipment Requisition form, and a Troop/Group or Service Unit Camp Report form.
- C. Complete the **Equipment Requisition** form **two weeks in advance** and mail or fax to the Camp Ranger. Address and fax number are listed on the form.
- D. The **Troop/Group or Service Unit Camp Report** form (enclosed in the confirmation) should be completed and returned to the service center within two weeks of the camp date. If the form is not returned to the council service center within two weeks of the camp date, your troop or service unit may not be able to reserve a site for six months.  
  
If you are using a non-council site, a camp report form will be mailed to you to be completed and returned within two weeks following your encampment.
- E. **Safety-Wise** and **Council Program Policies and Standards** should be the resource used for preparation and during your encampment.

Adult-in-Charge's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
*Service Unit Manager/Designated Individual (Must be signed before acceptance.)*