

## COMMUNITY SPONSORED TROOP CAMPING INTENT FORM

Starting December 1, 2015 (once a service unit's general plan and desired date(s) and site(s) become definite) the Service Unit Manager or Camping Consultant sends in this completed form, without fee, but including approximate numbers of troops expected to take part and the Weekend Coordinator's name (must be experienced Troop Camper). Service Units will be confirmed on a *first-time, first-served* basis. After January 1, 2016 SUM or CC will be notified of action taken.

Once confirmed, each troop actually participating must send in Individual Troop Camp Reservation forms and fees by March 7, 2016. After this date, any remaining sites and facilities will be allocated to individual troops from other Service Units.

1. Service Unit: \_\_\_\_\_ is tentatively planing to have a Service Unit coordinated Troop Camp event and wishes to reserve

Camp Hoffman for the following dates: \_\_\_\_\_ OR Other Camp(Name) : \_\_\_\_\_

Will you also require a lodge? Yes or No (circle choice) Longhouse Wellville New Old House

1<sup>st</sup> choice of date: \_\_\_\_\_ 2<sup>nd</sup> choice of date: \_\_\_\_\_

2. Estimate #'s of troops participating: #BR \_\_\_\_\_ #JR \_\_\_\_\_ #11-17 \_\_\_\_\_ **Total#** \_\_\_\_\_

Estimate #'s of girls participating: #BR \_\_\_\_\_ #JR \_\_\_\_\_ #11-17 \_\_\_\_\_ **Total#** \_\_\_\_\_

3. Is an outdoor day planned for Daisy and Brownie troop participation on any part of the weekend?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which day? \_\_\_\_\_

and approximately how many:

Daisy troops # \_\_\_\_\_ Daisy girls # \_\_\_\_\_  
Brownie troops # \_\_\_\_\_ Brownie girls # \_\_\_\_\_

4. The Service Team and Troop Leaders understand that each troop participating must send in its Individual Troop Camp Reservation form and fee by **March 7, 2016** in order to retain unit spaces assigned troops.

5. Name of proposed Weekend Coordinator \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Signature of SUM or Membership Specialist: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone # \_\_\_\_\_ Date \_\_\_\_\_

NOTE: A required site planning session for ALL Weekend Coordinators AND 1 adult from each participating troop will be held on April 9, 2016, 10:00AM to 12 NOON at Camp Hoffman. **Troops with no adult attending will forfeit its assigned camp space.**

If you have questions or concerns, please contact Charlotte Markey, Outdoor Program Specialist at (401)331-4500 or 800-331-0149 ext. 1419.