## Girls Scouts of RI, Inc., 500 Greenwich Avenue, Warwick, RI 02886

## **CAMP APPLICATION and RESERVATION FORM**

<u>**Directions**</u>: Complete and send to GSRI Council Office at the above address. Please enclose facility fee with Application/Reservation Form. Application to be completed by Adult in Charge.

Nam	e of Group or Org	ganization:						
Addı	ess:							
(Street)				(City/Town)			(State)	
Adult in Charge:			Phone #:			Cell #		
Addı	ess:							
Address: (Street)			(City/Town)			(Sta	(Zip Code)	
Estimated # of Children:		en:	Ages:_	# of Adults	:	Co-Ed:	Yes	No
Additional Adults' Names: 1						Phone #:		
1441	order radius radius							
		2				Pnone #:		
Outd	oor Training Tak	en:						
D '		г .						
Previ	ious Adult Camp	Experience:						
Purp	ose of Trip:							
CAN	PSITE REOUE	E <b>ST</b> • Re sure	to comple	ete 1 <sup>st</sup> AND 2 <sup>nd</sup> cho	nice of sites	and dates		
			-					
<b>A</b> .	Campsite:	Is Choice:_			2 <sup>nd</sup> Cho	oice:		
	Dates:	1 <sup>st</sup> Choice: f	rom:	to	Times:	from:	to	
В.	Type of Facilit	tv· 🗆 I	odge	□ Platform Tents	□ Prim	itive 🗆	Grounds	
D.	Type of Facility: ☐ Lodge ☐ Outdoor Fire		eplace  Other –					
Lifeg must	guard, CPR and F submit proof of o	irst Aid certicurrent RI St	fication. Uate Food H	ol or participate in Users wishing to utiliandlers certification for use of waterfrom	lize the Front. These c	ench Dining ertification	g Hall Kito s must be	chen facilities
Reservation Fee Enclosed: \$			FOR OFFICE USE	ONLY	1	Initial	Data	
		· · · · · · · · · · · · · · · · · · ·		1. Reservation Rec	eipt #		Initial 	Date
Credit Card #			2. Trained Leaders	•	N N			
Evn Data Amount ©				<ul><li>3. Certs. Received</li><li>4. Site Assigned</li></ul>	Y Y	N N		
Exp. Date Amount \$ Name on Card			5. Facility Assigne	d Y	N			
Naiii				6. Notifications se		N .		
Sion	ature:			7. Report Received 8. Entered in Com		N N		
J15110				9. Hold Harmless		Sent:	Red	ceived:
Date	:							
	-							