

TROOP CAMP APPLICATION AND RESERVATION FORM

Directions: Complete and send to GSRI Council Office, 125 Charles St. Providence, RI 02904. Please enclose facility fee with Application/Reservation Form.

APPLICATION TO BE COMPLETED BY ADULT IN CHARGE- Another Troop Attending? Y N
Form & Payment Enclosed? Y N

Troop # _____ **Br Jr Cad Sen/Amb** (circle one) Service Unit: _____

Leader/ Advisor _____ Phone # (____) _____ Cell#(____) _____

Address _____
(Street) (City/State) (Zip)

Email (please print) _____

Estimated # of Campers _____ # Adults _____ *Co-Ed: Yes No

**This includes adults attending. Separate bathroom and sleeping arrangements must be made.*

Additional Adult Names _____ Phone # (____) _____ Cell# _____

Attach additional names separately.

_____ Phone # (____) _____ Cell# _____

***REQUIRED** Name of Adult First Aider (current certification) _____

Troop Camp Training Taken by Participating Adults (please include names/ dates):

Previous Camping Experience of Participating Adults (please include names/ dates):

CAMPSITE TO BE USED: Be sure to fill in your 2nd choice of site and dates.

	<u>Camp</u>	<u>Lodge (Name)</u>	<u>Pl. Tents</u>	<u>Primitive</u>
GSRI Campsite 1 st Choice	_____	_____	_____	_____
2 nd Choice	_____	_____	_____	_____
3 rd Choice	_____	_____	_____	_____

Dates: 1st Choice from _____ to _____ Arrival Time _____ Departure Time _____

2nd Choice from _____ to _____ Arrival Time _____ Departure Time _____

3rd Choice from _____ to _____ Arrival Time _____ Departure Time _____

Would you like to be contacted about coordinating and/or sharing activities with other troops camping the same weekend at the camp you selected? Y N (effective for fall 2013)

NON-GSRI Site Name: _____ Location: _____

Type of Facility: _____ Dates: _____

Reservation Fee Enclosed \$ _____

Credit Card # _____ Exp.Date _____

Name on Card _____ Amount \$ _____

Signature _____ Date _____

- Training requirements are being met by attending adults
- "Troop Ready" requirement is being met
- Troop Travel forms submitted

CC/ SUM Signature _____

Date: _____ Phone #(____) _____

For Office Use Only:	<u>In'l</u>	<u>Date</u>
1.Reservation Receipt # _____	_____	_____
2.Trained Leadership _____	_____	_____
3.Site Assigned _____	_____	_____
4.Facility Assigned _____	_____	_____
5.Notification Sent _____	_____	_____
6.Report Received _____	_____	_____
7.Entered in Computer _____	_____	_____