



**GIRL SCOUTS OF WESTERN NEW YORK, INC.  
APPLICATION FOR USE OF A  
NON-COUNCIL-OWNED CAMPSITE**



**Checklist: please complete the following & include all necessary documents.**

- Submitted this form at least 60 days prior to the event.
- Made our service unit manager aware of our plans & obtain their signature (section B).
- Attached a copy of your itinerary.
- Attached a copy of the designated CPR & First Aid person's certification cards.
- Attached a copy of life guarding & boating certification cards (only if swimming or boating).
- Troop/group leader completed section A & section C (use additional pages as necessary).
- SUM/OPC signature required Section B
- Upon conclusion of the event complete section E.
- Left an emergency contact participant roster with an adult not attending this event.

**Mail completed form with all necessary documents to:**

Girl Scouts of Western New York \* WNY Headquarters \* 3332 Walden Ave Suite 106 \* Depew, NY 14043  
Attention: Director of Outdoor Program

**SECTION A**

**Troop Leader Request**

Service Unit:		Troop/Group #:	
Troop Leader's Name:		# Girls:	# Adults:
Address:	City:	Zip:	
Email:	Phone (H):	Phone (C):	

**Outdoor Training**

Name of Trained Adult:	
Date of Training:	Name of Training:

**First Aider / CPR (\*a copy of their cards MUST accompany this application)**

Certified First Aider Name:
Certification Held:

Certified CPR Name:
Certification Held:

**Camping Facility & Dates:**

Dates of Camping:	Camping Facility:
Location:	

**SECTION B**

**SUM/OPC Signature**

SUM/OPC (please print):	
SUM/OPC Signature:	Date:

## SECTION C

Description of Facility: (use a separate page as necessary)

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### Description of Facility Checklist:

	Is this a facility that has been issued a Health Dept. permit?
	Is water available? Has it been tested?
	Are there adequate bathroom/latrine facilities?
	Are fire extinguishers available? If not, you <b>MUST</b> bring your own if you are dealing with any open fire.
	Is there a building to be used for lodging? One story or two? Where are the exits on each floor? Where will the children sleep? Is there a plan to evacuate if needed? What is the sleeping capacity?
	Are there smoke alarms indoors? If not, you <b>MUST</b> bring one battery operated alarm for EACH sleeping area.
	Are there any provisions for cover? Is there a way to warm those who get chilled?
	If primitive camping (i.e.: pitching tents), have the girls had progressive experiences and demonstrated competency?
	If event is taking place at a private residence/business, a copy of their homeowners insurance must accompany this application.
	Can the designated troop leader and first aider reach the nearest hospital, fire department, and/or police service by phone? Do they have the names and phone numbers including area codes written down? How far are they from the campsite?
	Where is the nearest telephone located? Is there a phone on site or will there be a cell phone? What is the phone number & name of person?
	Does the site provide security? Is the site easily accessible to all girls, including girls with disabilities?
	Will the trip plan and troop roster be left with an emergency contact person not traveling with the troop? Please list the person name & phone number.
	Are you going horse backing riding? Is the riding stable on the approved horse stable list?
	Are you swimming or boating? (Check Safety-Wise for regulations). *a copy of certifications must accompany this application.

*\*A copy of approval or denial will be sent to you directly.*

## SECTION D

To be completed by the Director of Outdoor Program.

Approval <b>granted</b> for troop #:	Camp Location:
From:	To:
Director of Outdoor Program Signature:	Date:

Approval <b>denied</b> for troop #:	Camp Location:
From:	To:
Director of Outdoor Program Signature:	Date:

Reason:
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## SECTION E

### Troop Camping Off Site Report

Please complete Section E when you return from your camp event and send a copy to the Buffalo Service Center within 5 business days. Your information is important so that we may record your camping activity and be aware of your use of local resources.

*(Please use a separate piece of paper if needed)*

Service Unit:					Troop/Group #:		
Please enter the number of each of the following who attended:							
Daisy:	Brownie:	Junior:	Cadette:	Senior:	Ambassador:	Adults:	Non-Scouts:
Name of Site Used:					Location:		
Dates of Use:					Person in Charge:		
Accidents or Illness:							
Concerns regarding the facility:							
We enjoyed:							
We wish we could have:							
Our highlights were:							
Next time we would like to:							
Would you recommend this facility to other troops?							

Complete and return to: Girl Scouts of Western New York, Inc.

Attn: Director of Outdoor Program

3332 Walden Ave Suite 106

Depew, NY 14043

Or fax to:

716-706-1359

Form 4125 Rev. 1-2011