

Please complete the following checklist and include all necessary documents.

Submitted this form at least 30 days prior to the event.

Informed your service unit manager of your plans.

Attached a detailed copy of itinerary or activity plan.

Attached a copy of lifeguarding & boating certifications (only if swimming or boating).

Reviewed all necessary Activity Checkpoints as they pertain to my event.

Troop/group leader completed sections A, B, and C. (Use additional pages as necessary).

Left an emergency contact & participant roster with an adult not attending this event. (See Section B.) please include the name and contact information with your off council camping application.

Submitted all required user/site agreements to council for required CEO signature.

\*Took out the necessary non-scout and/or Girl Scout Travel Insurance.

\*Attached a copy of the designated CPR & First Aid person's certifications.

Completed user agreement

**Note:** Camping/Overnights are NOT permitted at private homes/residences.

Once done, submit completed form with all necessary documents.

**E-mail:** [customercare@gswny.org](mailto:customercare@gswny.org)

**Or by mail:**

Girl Scouts of Western New York  
Attention: Director of  
Camp Administration  
4433 Genesee Street, Suite 101  
Buffalo, NY 14225

## Section A

### Troop Leader Information

Service Unit:

Troop/Group #:

Troop Leader's Name:

# Girls:

# Adults:

Address:

City:

Zip:

Phone (H):

Phone (C):

Email:

### Outdoor Experience and/or Training *(Highly recommended but not required)*

*If you have not attended one of our GSWNY training programs, please briefly describe the camping/outdoor experience you have that helped to prepare you for this adventure.*

Name of Experienced/Trained Adult:

Date(s) of Training:

Name(s) of Training:

### First Aider / CPR *(Copy of cards is required for this application)*

1st Aid Certified Name:

Certification Held:

CPR Certified Name:

Certification Held:

## **Other Certified Individuals** *(Required if leading or providing; boating, horseback, archery, lifeguard)*

Certified Name:

Certification(s) Held:

Certified Name:

Certification(s) Held:

## **Camping Facility & Dates**

Dates of Camping:

Camping Facility:

Location:

## **Section B**

### **Description of Facility:**

*(Please briefly describe property & any amenities including sleeping arrangement and swimming.)*

### **Facility Checklist:**

#### **All Camping Events:**

If no cellular service is available, where is the nearest telephone located?

Is the site easily accessible to all girls, including girls with disabilities?

Have you provided the trip plan and troop roster to an emergency contact person not traveling with the troop?

Are you going horse backing riding and providing your own instructor? (Check [Safety Activity Checkpoints](#)) **\*A copy of certifications must accompany this application.**

Are you swimming or boating and providing your own instructor/lifeguard? (Check [Safety Activity Checkpoints](#) for regulations). **\*A copy of certifications must accompany this application.**

Are you doing archery and providing your own instructor? (Check [Safety Activity Checkpoints](#) for regulations). **\*A copy of certifications must accompany this application.**

Are there adequate bathroom/latrine facilities? (1 facility to every 15 people)

#### **For Primitive Camping Events Only:**

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?

Do you know the name, location and contact info for the nearest hospital, fire department, and/or police service? Do you have this information written down?

