

Girl Scouts of Suffolk County

SERVICE UNIT ENCAMPMENT APPLICATION – COUNCIL PROPERTY

A Troop Camp Trained Adult and a First Aider must accompany EACH TROOP camping

SERVICE UNIT # _____ ☐ One night ☐ Two nights

1st choice Camp _____ Dates: From ____/____/____/ To ____/____/____/

2nd Choice Camp _____ Dates: From ____/____/____/ To ____/____/____/

3rd Choice Camp _____ Dates: From ____/____/____/ To ____/____/____/

Please check all Troop Levels attending: ☐ Daisy ☐ Br. ☐ Jr. ☐ Cad. ☐ Sr. ☐ Ambassador

Number of people attending: _____ Adults _____ Girl Scouts _____ Tag-a-longs

Adult in Charge: Name _____ Phone: Home _____ Cell _____

Address: _____ Town: _____ Zip: _____

Date of last Service Unit Encampment ____/____/____

Please list all units and buildings that you will be using:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Fees

Minimum and Maximum Fees – See Troop Camp Information booklet

Day Event	\$6.00 per Registered Girl Scout
Troop Camping Overnight Two nights	\$12.00 per Registered Girl Scout (No discount for one night)
Tent Pitching Two nights	\$24.00 for the entire group (No discount for one night)

- A \$24.00 NON-REFUNDABLE DEPOSIT and LEADERS AGREEMENT FOR EACH TROOP MUST ACCOMPANY THIS APPLICATION.
- THE SERVICE UNIT COORDINATOR MUST SIGN BELOW. THIS APPLICATION WILL BE RETURNED, DELAYING PROCESSING, IF NOT COMPLETED.
- Each troop attending this encampment has the necessary training needed to go camping.

Service Unit Coordinator's/Appointee's Signature: _____ Date: _____

Service Unit Encampment Troop List

OVERNIGHT TROOPS

Troop #	Level	Leaders Name	Troop Camp Trained Adult	First Aid Trained Adult
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

DAY TROOPS

Troop #	Level	Leaders Name	Troop Camp Trained Adult	First Aid Trained Adult
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Leader's Agreement for Camping

1. To carefully abide by the standards of troop camping as outlined in Safety-Wise and the Troop Camping Guide.
2. To plan and carry out troop activities at camp that will assure a positive, well-supervised, and happy experience.
3. To provide a first aid kit for the troop's use at camp and see that one car is in the camp parking lot for emergency purposes whether coming by car or bus.
4. To check In with the Site Director on arrival and departure.
5. To be responsible for leaving the camp and your site in good condition: disposing of all litter and garbage.
6. To inform the troop that the Girls Scouts of Suffolk County, Inc. is not responsible for lost or stolen property.
7. To ensure that alcoholic beverages or illegal drugs are not permitted on camp and that there is no smoking in the presence of the girls at any time or in any building. Smoking areas will be designated by the Site Dir.
8. To inform all parents that cars are permitted in the parking lot only. No cars are permitted at the sites, **DUE TO FIRE AND EMERGENCY REGULATIONS.**
9. To inform parents to be sure to check their daughter in with leader or designee upon arrival and departure.
10. I understand that there is always a possibility of unusual conditions arising at camp:
 - Due to extremely cold conditions, the heating systems in camp buildings may not be able to keep the buildings at an appropriate temperature. Water, cesspool or heating pipes may freeze, electrical service may be interrupted.
 - Electrical or alarm service may be interrupted during storms.
 - Cesspools may not function properly if plumbing is improperly used.

Should these or any other emergency conditions occur during your stay, your troop may be asked to leave camp. Your cooperation with the Ranger and Site Director is expected and appreciated.

Troop Number _____

ARRIVAL TIMES ARE FROM 5 PM — 7 PM ON FRIDAY, AND 9 AM — 10 AM ON SATURDAY MORNING.
DEPARTURE TIME IS NO LATER THEN 12 PM ON SUNDAY.

OUR TROOP IS ARRIVING ON (DAY) _____ TIME _____

OUR TROOP IS LEAVING ON (DAY) _____ TIME _____

We have read this agreement and the camping procedures of the Troop Camping Guide and agree to abide by all the standards.

NAME AND SIGNATURE OF ALL LEADERS

NAME (PLEASE PRINT) _____	SIGNATURE _____	DATE ____/____/____
NAME (PLEASE PRINT) _____	SIGNATURE _____	DATE ____/____/____
NAME (PLEASE PRINT) _____	SIGNATURE _____	DATE ____/____/____

Send Completed Application and Deposit of \$24.00 per troop To:

**Girl Scouts of Suffolk County, Inc.
Camp Edey
1500 Lakeview Ave.
Bayport, NY 11705**