

## 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 11-17** (circle one) Service Unit: \_\_\_\_\_

Leader/ Advisor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City/State) (Zip)

Estimated # of Campers \_\_\_\_\_ # Adults \_\_\_\_\_ \*Co-Ed:  Yes  No  
*\*This includes adults attending. Separate bathroom and sleeping arrangements must be made.*

Additional Adult Names \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
*Attach additional names separately.*

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Adult First Aider (current certification) \_\_\_\_\_

Outdoor 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 2<sup>nd</sup> choice of site and dates.

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

Dates: 1<sup>st</sup> Choice from \_\_\_\_\_ to \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_  
 2<sup>nd</sup> Choice from \_\_\_\_\_ to \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_  
 3<sup>rd</sup> Choice from \_\_\_\_\_ to \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

NON-GSRI Site Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

Reservation Fee Enclosed \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Leadership & Training requirements are being met by attending adults  
 "Troop Ready" requirement is being met

CC/ SUM Signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

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