

# TROOP CAMPING REGISTRATION FORM

Girl Scouts of Central & Southern NJ, Inc.

S.U. Camporee  
 Date of last SU Camporee  
 Troop Camping

Service Unit: \_\_\_\_\_ Troop: \_\_\_\_\_

Leader: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Estimated Number of Girls: \_\_\_\_\_ Estimated Number of Adults: F \_\_\_\_\_ M \_\_\_\_\_

Estimated Number of people coming for the day only: \_\_\_\_\_ Fee per person is \$1.00/person

**\*Required Information: Include a copy of each certification card.**

First Aider _____	Date of 1 <sup>st</sup> Aide Training _____	Date of CPR Training _____
Overnight Adventures _____	Outdoor Skills I _____	Outdoor Skills II _____
Date of Training _____	Date of Training _____	Date of Training _____

**Please list camps in order of preference (additional choices may be attached):**

CAMP NAME	CHOICE OF SITE	DATES ARRIVAL/DEPARTURE	SITE FEE (SEE CHART)
			\$
			\$
			\$
		# OF DAY USE CAMPERS	\$
		<b>Total Fee:</b>	\$
Do not include if this is a lottery application.	Balance is due 6 weeks before arrival.		
<b>___ Deposit of 50%</b>	<b>___ Payment in Full</b>	<b>Amount Enclosed:</b>	<b>\$</b>
<b>Activities Requested *</b> Payment is required prior to participation.			

**REGISTRATION IS CONFIRMED AFTER RECEIPT of APPLICATION FORM & FEE/DEPOSIT!!**

Cancellation prior to 6 weeks of camping date: 50% of deposit is refundable.

Cancellation less than 6 wks of camping date: Full fee is retained.

**COUNCIL USE ONLY**

Entered: \_\_\_\_\_  
Amount Paid \_\_\_\_\_

Confirmation Packet: \_\_\_\_\_

Balance Due: \_\_\_\_\_  
Date: \_\_\_\_\_

**Mail to: GSCSNJ**  
2944 Victoria Avenue  
P. O. Box 948  
Newfield, NJ 08344