

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 st 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	\$
		Total Fee:	\$
Do not include if this is a lottery application.	Balance is due 6 weeks before arrival.		
___ Deposit of 50%	___ Payment in Full	Amount Enclosed:	\$
Activities Requested * 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
Newfield, NJ 08344