Print Form

girl scouts
heart of the hudson

Please complete and return to:
Girl Scouts Heart of the Hudson, Inc.
2 Great Oak Lane
Pleasantville, NY 10570
Re: Troop Camping Application

Girl Scouts Heart of the Hudson, Inc.
Troop Camping Application

Application dates open:
Spring Camping February 1

Fall Camping May 1

When Camp Sites are Available:
Spring: Last weekend of April through third weekend in June; Rock Hill cabins available thru 2nd week of June only.
Fall: Second week in September through third week in October

In order to allow larger Service Unit events accessibility to camp, troop applications will be accepted beginning Jan. 1 for spring camping or April 1 for fall camping. You will receive confirmation of dates. Each troop must have an adult certified in first aid and CPR for their age level (EMT, RN, LPN, or MD accepted with CPR) and a Girl Scout volunteer with Overnight Outdoor Training. Please attach copies of these certifications**.**

Service Unit : _____Troop #:_____

Name of Troop Leader: _____

Address/City/Zip: _____

E-mail address: _____

Phone: day_____eve_____mobile_____

Please indicate by number your 1st, 2nd, 3rd choices of camps and give up to three choices of dates:

☐ Addisone Boyce (CAB) ☐ Birch Ridge ☐ Ludington

☐ Rock Hill ☐ Wendy

Dates: 1st_____ 2nd _____ 3rd _____

Expected Attendance: ____# Girls ____# Adults ____Total attending Please attach a participant list.

☐ Day use only: # _____ ☐ Overnight # _____

Preferences—please indicate by number your 1st, 2nd, 3rd, 4th choices of camping style.

☐ Cabins only: # _____ ☐ Platform Tents: # _____ ☐ Lean-to Cabin: # _____

☐ Area to pitch tents: # ___ tents

Expected arrival: ☐ Friday ☐ Saturday ☐ Sunday time _____

Expected departure: ☐ Friday ☐ Saturday ☐ Sunday ☐ Monday time _____

Facilities and Activities

Please note: Each camp is unique and has different facilities. Some facilities are available on a seasonal basis only.

☐ waterfront ☐ low ropes course ☐ archery range ☐ area to pitch tents

☐ rowboat Qty:_____

We plan to ☐ hike ☐ outdoor cooking ☐ orienteering ☐ bird watching ☐ bicycle ☐ snowshoe

☐ sled/snow tube ☐ fishing ☐ fire building ☐ campfire ☐ other: _____

Serving girls in seven counties throughout the Hudson Valley
Dutchess ◦ Orange ◦ Putnam ◦ Rockland ◦ Sullivan ◦ Ulster ◦ Westchester

Revised 10/11

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Please note: There must be an adult certified in first aid and CPR present at each activity.

Additional Safety Considerations:

Boating requires a Lifeguard with current CPR for the Professional Rescuer and Waterfront Certification, plus an adult with documented experience in the specific type of boating or Small Craft Safety certification.

Swimming requires a Lifeguard (18+) with current CPR for the Professional Rescuer. (LG must have Waterfront certification for camps with lakes.) Each girl must be swim tested by a (21+) Water Safety Instructor. Consult Safety Activity Checkpoint for girl to Lifeguard and watcher ratios.

Low Ropes requires a certified low ropes facilitator. Consult Safety Activity Checkpoint for girl to instructor ratio. Additional $15.00 fee

Archery requires a certified archery instructor. Consult Safety Activity Checkpoint for girl to instructor ratio. Additional $15.00 fee

You will be asked to furnish the names and copies certifications of the above personnel with your completion paperwork.

APPROVALS:
In accordance with the council's camping procedures, I verify that the adults attending will have taken the training necessary for this camping event.

Name of adult with First Aid/CPR: _____
☐ Certification or documentation attached

Name of adult with Overnight Outdoor Training: _____
☐ Certification or documentation attached

Signature of Troop Leader _____Date_____

Requests must be approved by a designated person from your Service Unit Leadership Team (SULT). The following must accompany your request:
I have read the above and verify an adult in charge has taken the training necessary for this overnight.

_____ _____
SULT Designee Signature Date

DON'T FORGET TO SUBMIT A TRIP ACTIVITY NOTIFICATION FORM TO YOUR FIELD MANAGER.

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Troop Camping
Participant List

Community: _____Troop #:_____

Leader: _____

Address/City/Zip: _____

E-mail address: _____

Phone: day_____eve_____mobile_____

Camp:_____Camping dates:_____Assigned Camp Area:_____

G A	Name:	Emergency Contact	Relationship	Phone # where emergency contact can be reached

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Troop Camping
Specialty Personnel

Do you plan to include any of these activities or utilize any of the following facilities?

☐ waterfront ☐ low ropes course ☐ archery range ☐ area to pitch tents

☐ rowboat Qty:_____

We plan to ☐ hike ☐ outdoor cooking ☐ orienteering ☐ bird watching ☐ bicycle ☐ snowshoe

☐ sled/snow tube ☐ fishing ☐ fire building ☐ campfire ☐ other: _____

Please note: There must be an adult certified in first aid and CPR present at each activity.

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Please furnish the following names and attach copies of certification(s):

Name of lifeguard (s):_____

☐ Lifeguard certification attached
☐ CPR/FPR certification attached
☐ Waterfront certification attached

☐ Lifeguard certification attached
☐ CPR/FPR certification attached
☐ Waterfront certification attached

Name of boating supervisor: _____
☐ Certification or documentation attached

Name of certified low ropes facilitator: _____
☐ Certification or documentation attached

Name of archery instructor: _____
☐ Certification or documentation attached