



Please complete and return to:  
 Director of Program  
 Girl Scouts Heart of the Hudson Central Administration Office  
 2 Great Oak Lane  
 Pleasantville, NY 10570

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

Application dates open:  
**Spring Camping** Feb. 2<sup>nd</sup>

**Fall Camping** May 2<sup>nd</sup>

When Camp Sites are Available:

**Spring:** Last weekend of April through third weekend in June;  
 Rock Hill cabins available thru 2<sup>nd</sup> week of June only.

**Fall:** Second week in September through third week in October

In order to allow larger community events accessibility to camp, troop applications will be accepted beginning Feb. 2<sup>nd</sup> for spring camping or May 2<sup>nd</sup> 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.

Community: \_\_\_\_\_ Troop #: \_\_\_\_\_

Name of Troop Leader: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: day \_\_\_\_\_ eve \_\_\_\_\_ mobile \_\_\_\_\_

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

Addisone Boyce (CAB)     Birch Ridge     Ludington

Rock Hill     Blueberry Hill     Wendy

Dates: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Expected Attendance: \_\_\_ # Girls \_\_\_ # Adults \_\_\_ Total attending Please attach a participant list.

Day use only: # \_\_\_\_\_  Overnight # \_\_\_\_\_

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

Cabins only: # \_\_\_\_\_  Platform Tents: # \_\_\_\_\_  Lean-to Cabin: # \_\_\_\_\_

Area to pitch tents: # \_\_\_\_\_ tents  Covered Wagons (CAB only): # \_\_\_\_\_

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  pool  low ropes course  archery range  area to pitch tents

boat For boating, which type of boats are you requesting: \_\_\_\_\_ 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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**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-Wise for girl to Lifeguard and watcher ratios.

**Low Ropes** requires a certified low ropes facilitator. Consult Safety-Wise for girl to instructor ratios.

**Archery** requires a certified archery instructor. Consult Safety-Wise for girl to instructor ratios.

**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 \_\_\_\_\_

Approved  Declined

GSHH Programs at Camp Manager; Initial \_\_\_\_\_ Date \_\_\_\_\_

Reasons for declining:  Application Incomplete  Certifications Not Attached

Requested facilities not available  Other: \_\_\_\_\_



