



GIRL SCOUTS OF WESTERN NEW YORK APPLICATION FOR USE OF A COUNCIL-OWNED CAMPSITE



MAIL OR DELIVER TO: Girl Scouts of Western New York. * 1020 John Street * West Henrietta, New York 14586-9757
ALL APPLICATIONS MUST BE ACCOMPANIED BY THE TOTAL FEE + \$25.00 CLEANING DEPOSIT (separate checks).

Service Unit:				Troop/Group #:			
Troop Leader's Name:				# Girls:		# Adults:	
Please check age level:		<input type="checkbox"/> Daisy	<input type="checkbox"/> Brownie	<input type="checkbox"/> Junior	<input type="checkbox"/> Cadette	<input type="checkbox"/> Senior	<input type="checkbox"/> Adults

Adult in Charge:			Position in Group:			
Address:			City:		State:	Zip:
Phone # (home):		Phone # (work):			Phone # (cell):	

Preferred camp - please number in order of preference		<input type="checkbox"/> Oak Orchard	<input type="checkbox"/> Pinewood	<input type="checkbox"/> Piperwood
Type of camping:	<input type="checkbox"/> troop camping, overnight	<input type="checkbox"/> day use (day use Sunday (p.m. only)- Thursday only)		
Camp requested for:	# girls:	# women:	# men (all must sleep in separate sleeping area):	

Dates desired (in order of preference):

1 – From:	To:
2 – From:	To:
3 – From:	To:
Time of Arrival (after 2 p.m.):	Time of Departure (before 1 p.m.):

Please mark, which area(s) of the camp you would like to use, indicating first, second and third choices:

Oak Orchard	Pinewood	Piperwood	Piperwood
<input type="checkbox"/> Big Oak Lodge	<input type="checkbox"/> Red Pine Lodge	<input type="checkbox"/> White Pine Lodge	<input type="checkbox"/> Jennifer Lodge
<input type="checkbox"/> Hickory Hill Unit	<input type="checkbox"/> Scolta	<input type="checkbox"/> Shadowdell	<input type="checkbox"/> Anne Lodge
	<input type="checkbox"/> Shangri-La	<input type="checkbox"/> Hi-Hike	<input type="checkbox"/> Florence Fryer
	<input type="checkbox"/> Sunnyside	<input type="checkbox"/> Westwind	
	<input type="checkbox"/> Lakeside		

Please indicate any special needs or accommodations:

Council-Owned Site Use Permit			<p>It is the responsibility of the group using a council-owned site to provide all necessary personnel, including adults with current certifications as appropriate (outdoor training, first aid certifications, etc.). Please call the council registrar at 585-239-7907 or 800-333-0692 if you must cancel this reservation.</p> <p>Cancellation/refund policy: Refunds will be made only when GSWNY must cancel a reservation or the applicant cancels the request in writing to council at least 120 days before the camping trip. Otherwise, reservation cancellations are not refundable and not transferable.</p>
Camp	& Unit(s) Approved	Date(s):	
Pinewood			
Piperwood			
Oak Orchard			
Processed By:			

Fee Enclosed: (based on facility and camp of first choice)							
Please check one:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Credit Card #:					Exp Date:		
Signature of Cardholder:							

Please fill in the appropriate information below, based on your planned camp activities (please submit copies of all applicable certifications to your OPC):

Troop/group outdoor education certified adult attending:

Name:			
Phone # (home):	Phone # (work):	Phone # (cell):	
Outdoor education certification. Indicate the <u>date training was taken</u> for all that are applicable:			
Basic Outdoor	Intermediate	Advanced	Backpacking

A qualified first aider: (current certification in American Red Cross Community First Aid and/or Community CPR)

Name:	CPR Type:	Exp. Date:
Name:	1 st Aid Type:	Exp. Date:

Swimming: adult (over 18) with lifeguard training certification mandatory

Name:	Type:	Exp. Date:
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Boating/canoeing: A minimum of two qualified adults (over 18) must supervise all boating/canoeing activities.

At least one person (over 18) must be a currently certified lifeguard. There must be a minimum of one person (over 18) currently certified for each type of small craft used, and must be a different adult(s) from life guarding adult. *Safety-Wise* pages 112-120. Complete as appropriate:

Name:	Type:	Exp. Date:
Name:	Type:	Exp. Date:

Stoves: Girl Scouts of Western New York stove-certified adult will attend (has taken intermediate outdoors training)

Name:	Date course taken:
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Please contact the camp ranger within a week of your event to confirm arrival time, for special needs, or for specific information:

Oak Orchard	Pinewood	Piperwood
Bill Dale	Michael Oyer	Lyn Smalt
(585) 682-3998	(607) 295-9877	(585) 223-1887
(585) 682-4716 (Voicemail/Fax)		

All Girl Scouts must complete this section:

I certify that all required trainings listed will be taken before the camping date. I will notify our service unit OPC of this event.	
Leader's Signature:	Date:

All Non-Girl Scouts must complete this section:

<p>We agree to indemnify and hold the Girl Scouts of Western New York harmless for any personal injury or property damage arising out of our use of the premises.</p> <p>At least thirty (30) days before our use of the premises, we will present to the Girl Scouts of Western New York written proof of our general liability, naming the Girl Scouts of Western New York as additional insured (certificate holder), with a combined single limit of at least \$1,000,000.00.</p> <p>We agree that we shall be subject to the rules, regulations, and policies of the Girl Scouts of Western New York, which are included in this Agreement, as part of the Agreement. We agree that should a difference of opinion arise concerning the rules, regulations, and policies, any officer of the Girl Scouts of Western New York shall have the ultimate authority to enforce and interpret these rules, regulations, and policies. We agree to abide by any such interpretations.</p>	
Signature of Authorized Person:	Date: