



Girl Scouts Council of Greater New York, Inc.
43 West 23 Street
New York, NY 10010-4283
Tel (212) 645-4000 / Fax: (212) 646-4599

Application For Service Unit Encampment

Today's Date: ___/___/___
Camp Date Request: **1st Choice** ___/___/___ **2nd Choice** ___/___/___

ENCAMPMENT COORDINATOR INFORMATION (Please Print Clear)

Name: _____ GSUSA Member ID: _____

Address: _____ APT # _____

City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Cell: _____

Evening Telephone: _____ E-mail: _____

UNIT SELECTION AND CAMPING FEES (See Up To Date Fee Schedule)

Attached additional sheets if you are requesting more than four units.

1st Unit Request Type: _____ Unit Name: _____ Plan Fee: _____

2nd Unit Request Type: _____ Unit Name: _____ Plan Fee: _____

3rd Unit Request Type: _____ Unit Name: _____ Plan Fee: _____

4th Unit Request Type: _____ Unit Name: _____ Plan Fee: _____

of Nights: (Circle One) One / Two / Three **Total Housing Fee:** _____

CERTIFICATIONS (Must list one Certified Adult per unit request and attach a copy of their Training Cards.)

1) Name: _____ Address: _____

Phone #: _____ E-mail: _____

2) Name: _____ Address: _____

Phone #: _____ E-mail: _____

3) Name: _____ Address: _____

Phone #: _____ E-mail: _____

4) Name: _____ Address: _____

Phone #: _____ E-mail: _____

All Adults listed completed **Overnight Adventures** – Part 2 and the **Great Outdoors / Life skills for Outdoor Living** Part 3 and Part 4; unless your encampment is only for House Units and you do not plan to use a fire circle or fireplace.

FIRST AID / CPR CERTIFIED ADULTS Must list one First Aid/CPR certified adult per unit requested.
(Please attach a copy of **each** CPR/First Aid Certification and bring original to camp with you.)

1) Name: _____ Address: _____

Phone #: _____ E-mail: _____

2) Name: _____ Address: _____

Phone #: _____ E-mail: _____

3) Name: _____ Address: _____

Phone #: _____ E-mail: _____

4) Name: _____ Address: _____

Phone #: _____ E-mail: _____

REQUEST FOR OTHER FACILITIES (Availability will be confirmed the week before the trip.)

Cookie Hall Playground Peace Garden

Row Boating (Sept – Mid June; \$4.00 per person, per hour) # _____ = Total due _____

Challenge Course (Sept – Mid June; \$10.00 per person, per hour) # _____ = Total due _____

The ability to provide these programs will depend on staff availability.

TROOP INFORMATION

(Please attach a Participant List for each Troop attending.)

Circle One Girls/Women/Men

1) Leader: _____ Troop #: _____ B, J, C, S ____ / ____ / ____

2) Leader: _____ Troop #: _____ B, J, C, S ____ / ____ / ____

3) Leader: _____ Troop #: _____ B, J, C, S ____ / ____ / ____

4) Leader: _____ Troop #: _____ B, J, C, S ____ / ____ / ____

5) Leader: _____ Troop #: _____ B, J, C, S ____ / ____ / ____

6) Leader: _____ Troop #: _____ B, J, C, S ____ / ____ / ____

Total # of People Camping _____ **# Girls** _____ **# Women** _____ **# Men** _____

MEDICAL CONDITION (s) The Council office must be advised in advance if any participant has a medical condition and/or any required accommodation requested _____

TRANSPORTATION

Cars Private Bus (Arrival time at camp between the hours of 6:00 p.m. – 9:00 p.m.)

Council Bus Transportation: (See Council Bus pick-up location listing in Seasonal Camp brochure)

We will use Stop # _____ in the borough of _____ Stop Location _____

of girls _____ # of adults _____ x \$40.00 per person = Total \$ _____

If you have a total of 20 people, you may request a special stop.

Borough _____ Location Address _____

Cross Streets _____ Note Time Requested _____

ENCAMPMENT PAYMENT TABULATION

Camp Housing Fee \$ _____ (See up to date fee schedule)
 Bus Fee @ \$40.00 pp \$ _____
 Boating Fee @ \$4.00 pp \$ _____
 Challenge Course @ \$10.00 pp \$ _____
Total Camp Fee Owed \$ _____
 - Deposit \$ _____ (50% the total fee must accompany this application)
 - Financial Aid \$ _____ (F.A. form must be enclosed)
 Balance Due \$ _____

PAYMENT OF BALANCE

Balance is due FOUR WEEKS prior to the camping weekend. It is the responsibility of the Encampment Coordinator to collect the money from the Leaders and send the balance to the Camp Department. You can pay by credit card, make a check or money order payable to:
Girl Scout Council of Greater New York, Inc. and mail it to:

Girl Scouts Council of Greater New York, Inc.
Attn: Camp Department
43 West 23rd Street
New York, NY 10010-4283

A check/money order for 50% the total fee must accompany this application including bus transportation, if applicable. Request for refunds must be submitted to the Council (1) ONE MONTH prior to your camp date. After that date only HALF the camping deposit will be refunded. Bus transportation will be fully refunded if we receive at least five business day advance notice.

Please check one of the Following:

Visa _____ MC _____ AMEX _____ Discover _____

My card will be charge \$ _____

_____ 50% or _____ 100% of total due

Card # _____

Exp. Date: Month _____ Year _____

Name of Cardholder: _____
(please print as it appears on card)

Signature: _____

Today's Date: _____

This section is for Council use ONLY.

Date	Account Number/Amount	Staff Initials
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_____	Acc # 81-5110 \$ _____	_____
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_____	Acc # 81-5110 \$ _____	_____
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_____	Acc # 81-5140 \$ _____	_____
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_____	Acc # 81-5140 \$ _____	_____
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 Staff Signature

SIGNATURE

Your signature on this form is your agreement to comply with the following:

- All the girls & adults participating in this camping trip are registered members of GSUSA.
- “Policies and Standards of Girl Scouts Council of Greater New York”.
- Policies and Standards of GSUSA including “Safety Wise”.
- “Camp Kaufmann Camping Policies and Procedures” (Included in the confirmation packet.)

Signature: _____ Date: _____
Encampment Coordinator

COUNCIL APPLICATION APPROVAL

This application must be approved by one of the following individuals:

Service Unit Manager Membership Specialist Membership Manager

Please have available for the above named persons the proofs of First Aiders and Camp Certified Adults up-to-date training. Approval signature signifies that the person (s) requesting Troop Camping privileges has proper certification and the people participating in this trip are registered members.

Approved by: _____ **Position:** _____

Signature: _____ **Date:** _____

REGISTRATION FORM CHECK LIST

To be officially registered for seasonal camping at Camp Henry Kaufmann, we need your immediate assistance with the following:

1. Read over all materials enclosed. Complete all appropriate applications for your Troop(s).
2. Before you send your application, make sure that you have done the following and enclosed the proper paper work in the envelope:
 - Signed application
 - Approved by the proper person(s)
 - Enclosed 50% of the camping fee including bus fee if applicable
 - Included copies of all certifications and troop rosters
 - A note outlining any questions or concern
3. Remit applications at least (2) TWO MONTHS before camping date to ensure smooth registration process.
4. Balances are DUE FOUR WEEKS before your scheduled arrival at camp. If you choose to pay the total by credit card, we will charge 50% on receipt of your application and the remaining 50% four weeks prior to your trip date.

SITE DIRECTORS:

When you arrive at camp, your volunteer Site Directors for the weekend will greet you. The Site Directors are there to assist you while you are on the campground and provide whatever support you require over your weekend, as well as to ensure that the rules of campgrounds are upheld. Should any problem arise during weekend, notify your Site Directors immediately.