

Camporee Request Form

Service Community Name: _____ Date Submitted: _____

Please submit this form to the Community Safety Coordinator (CSC) for your community no less than 6 months prior to your Camporee to allow enough time for approval. Please remember that all locations must be on the approved, all high risk activities that your campers are participating in must be approved for the location, and Girl Scouts must be the correct level to participate. Everyone staying overnight must have a current GSUSA membership with a favorable Criminal Background Check. Be sure to complete both pages before submitting. Once approved, the Camporee Coordinator and designated GSC staff will receive a copy.

1. Coordinator/Co-Coordinator Name: _____ Training Date: _____
Contact Number: _____ Email: _____

2. Coordinator/Co-Coordinator Name: _____ Training Date: _____
Contact Number: _____ Email: _____

Location Information

Facility Name: _____ Address: _____

Contact at the facility: _____ Phone: _____

Email: _____

Is this facility on GSC Approved Vendor List Yes ___ No ___ If the facility is not approved, prior to reserving the location you must submit a request form found on the website at www.citrus-gs.org and wait for the approval.

Dates of the Camporee: _____ Arrival Time: _____ Check Out Time: _____

Estimated Number of Participants: _____ Girls: _____ Adult Female _____ Adult Male: _____

Tagalongs/Non Members (Day Participation Only) Youth _____ Adult Female _____ Adult Male _____

Grade Levels of the participants, check all that apply: DY ___ BR ___ JR ___ CD ___ SR ___ AMB ___

Please indicate which High Adventure Activities the girls/adults will be participating in while at the event, check all that apply:

Swimming ___ Low Ropes ___ Archery ___ Horseback Riding ___ High Ropes ___ Shooting Sports ___

Canoe/Kayak ___ Zip Line ___ Water Blob ___ Axe Throwing ___ Other _____

As the Camporee Coordinator(s) (CC) I/we will ensure that I/we will follow all guidelines set forth by Girl Scouts of Citrus Council (GSC) and GSUSA for hosting Camporees and large events. I/we understand that it is my responsibility for the overall well-being of everyone attending the event. I/we will represent GSC in a professional manner when collaborating with locations and respect their policies and procedures. I/we will ensure the camporee team, parents, and participants have been informed of all information and guidelines regarding the Camporee, including but not limited to: Ratios, Sleeping Arrangements, Medications. Health Care, Adult/Girl Behavior, Waivers, Emergency Procedures

CC Name: _____ Signature: _____ Date: _____

CC Name: _____ Signature: _____ Date: _____

CSC Name: _____ Signature: _____ Date: _____

Camporee Overview

Please list below your detailed description of your event. Please include a detailed explanation for the methods that will be in place to adhere to all health and safety protocols regarding the event you are requesting approval for, be sure to include a schedule, safety protocols, and an overview.

Schedule Overview

Safety Protocols

Event Overview