



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 you must purchase additional insurance for anyone attending the event, that is not a member (this includes facilitators, parents, siblings or anyone else that is there just for the day) Everyone staying overnight must have a current GSUSA membership with a favorable Criminal Background Check. You do not need to purchase insurance for anyone that works for the location as their insurance will cover their staff.

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: _____

Est. Number of Total Participants: _____ Girls: _____ 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: _____