

Camporee Request Form

Service Community :

Date Submitted:

This form must be submitted no less than 6 months prior to your camporee. Additional information that is required such as certifications, etc. must be submitted no less than 1 month from the event. Please remember that you must purchase 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 be a registered and approved volunteer. You do not need to purchase insurance for anyone that works for the location as their insurance will cover their staff.

Camporee Director/Co-Director: Phone: Email: Training Date:

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Location Information

Name of Facility:

Address:

Contact for your event at the facility: Phone: Email:

Is this facility an approved vendor on GSC Approved Vendor List: YES No

If this facility is not approved you must submit the Vendor Approval Form: http://www.citrus-gs.org/en/Camp/Request_Vendor_Approval.html

Date of Event: to Arrival Time: Departure Time:

Number of Total Participants: Girls: Adult Females: Adult Males:

Please indicate the High Adventure Activities that the girls will be participating in while at the event:

- | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Archery | <input type="checkbox"/> Other High Risk Activities - Please list Below |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> High Ropes | <input type="checkbox"/> Shooting | <input type="text"/> |
| <input type="checkbox"/> Canoe/Kayak | <input type="checkbox"/> Zip Line | <input type="checkbox"/> Water Blob | |

I will ensure that the Camporee Team has been informed of all information regarding the following items and will be responsible to communicate this information to the parents/guardians/leaders as well as to collect all necessary paperwork and other items:

- | | |
|-----------------------------------------------------------------|-----------------------------------|
| * Emergency Procedures for location including weather emergency | * Sleeping Arrangements |
| * Adult/Girl Ratios | * Health History for girls/adults |
| * Buddy System | * Waivers for activities |
| * Medications/Dietary restrictions | * Parent Permission |
| * Adult Behavior | |

I have reviewed all of the Safety Activity Checkpoints and the guidelines in Volunteer Essentials. As the Camporee Director/CoDirector I understand that it is my responsibility for the overall well being of everyone attending the camporee and to do my due diligence to comply with Girl Scouts of Citrus guidelines at all times. I agree to submit this request to: Theresa Rivera at trivera@citrus-gs.org no less than 6 months prior to the event for approval.

Print Name: Signature: Date:

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Council Approval: Signature: Date: