

Girl Scouts of Western Washington
Camp Site Request for Troops

Submit completed form and deposit (\$20/ sleeping unit, \$50/dining hall, non-refundable after confirmation) either by
 FAX (253-473-0969) or with check/money order payable to Girl Scouts of Western Washington and mail to:
DuPont Girl Scout Center, PO Box 770, DuPont, WA 98327
Phone (800) 541-9852 or (253) 475-0307

Adult in charge _____ Day phone _____
 Address _____ Eve. or cell phone _____
 _____ Email _____
 Additional contact person _____ SU # _____ Troop # _____

| Preference | Camp | Dates | Units |
|------------------------|------|-------|-------|
| 1 st choice | | | |
| 2 nd choice | | | |
| 3 rd choice | | | |

This is our first visit and we would like more information about the camp. _____ Facilities _____ Activities _____

Planned arrival time _____ Departure time _____ Waitlist if site is not available: yes _____ no _____

Number of nights _____ Day use only _____ Day use only participants # _____

Certified First Aider/CPR _____ Valid until _____

Camp Trained Adult _____ Date of training _____

Activities at camp (You may check more than one) (* These require qualified supervision)

- Archery * (LM, RR, SA, for Junior Girl Scouts and older)
- Boating * (LM, RR, SA, available April through mid-October)
- Swimming * (LM, RR, SA, depending on water temperature)
- Creek Wading * (EV)
- Challenge Course *(RR Staff required, for girls 4th grade and older)
- Climbing Wall *(RR Staff required, for girls 5th grade and older)
- Environmental Trunks (RR, \$10 fee)
- Program Kits (EV, KL, SA, no fee.) Contact Site Host upon arrival at camp.
- I Worked Like a Beaver Project (EV, KL, SA) Contact Site Host 3 weeks in advance.
- Orienteering Kit (RR, \$10 fee)
- Geo-caching * (RR Staff required, \$6.00 per person fee)
- Letterboxing (All camps, contact Site Host)

Numbers attending:

- _____ Daisy
- _____ Brownie
- _____ Junior
- _____ Cadette
- _____ Senior
- _____ Ambassador
- _____ Adult Women
- _____ Adult Men
- _____ Non-Member children
- _____ Non-Member Adults

We would like for GSWW to hire qualified supervision for the activities checked. (You will be contacted.)

We are providing our own qualified supervisors (please list name and type of certification below):

Activity _____ Supervisor _____ Type of Cert. _____ Valid until _____

Activity _____ Supervisor _____ Type of Cert. _____ Valid until _____

I agree to follow the standards and procedures in Safety-Wise and Camping on GSWW Properties and my troop /group meets all the requirements. I will send a copy of the event first aider's First Aid/CPR certification and statement of Service Unit Manager approval for this trip with the balance of the fee.

Signature _____ Date _____

Please charge my: Visa MasterCard Amount authorized _____
 Signature of Cardholder: _____ Print Name _____
 Card Number _____ Exp. Date _____ VCode (3 digits on back of card) _____

