



**RESERVATION APPLICATION
FOR TROOP CAMPING**

Date received in council office:
Staff initial:

USE:	<ul style="list-style-type: none"> Troop Camping Reservations opens on April 1 each year for reservations for the following Girl Scout year (October thru September)
SEND TO:	5601 North Allen Road, Mableton, GA 30126 Attn: Troop Camping Email: camp@gsatl.org or Fax to 770-944-4767 Attn: Troop Camping

Troop Leader's Name:		Troop # & Level:		Service Unit:
E-Mail Address:		Home Phone:		Cell Phone:
Complete Mailing Address:				County:
# registered persons camping:	Girls:	Female Adults:		Male Adults:
# of non-members camping:	Girls:	Boys:	Female Adults:	Male Adults:

*Please check *Volunteer Essentials* and *Guide for Camping* for important information about camping with tag-a-longs and males

Trained Adult camper: _____	Adult certified in first aid: _____
Name of training: _____	Name of training: _____
Date Class completed: _____	Date CPR expires: _____
	Date first aid expires: _____

Requested Reservation:	Office use only: _____	
(rate in order of preference (1 = first choice, 2 = second choice, etc))		
Type of housing:	Preferred Camp:	Preferred Dates:
_____ Platform Tents – any		1 st _____
_____ Platform Tents/w flush toilets only	_____ Meriwether	2 nd _____
_____ Cabin/w partial kitchen – no beds	_____ Misty Mountain	3 rd _____
_____ Cabin with beds/full kitchen	_____ Timber Ridge	4 th _____
_____ Cabin without kitchen		5 th _____
_____ Primitive – bring your own tent		6 th _____
_____ Day use only		7 th _____
Is this your troop's first time troop camping at one of our council properties? _____		

Troop leader's signature below indicates that all the information contained on this form is correct and that you agree with the following statements:

We will have a current Volunteer Driver Log listing each driver, a current Health History form for each participant (girls and adults) and a parent/guardian signed Permission Form for each girl. Adults and girls have studied *Volunteer Essentials & Guide for Camping* and are prepared for this camping trip. I also understand that all adults who attend this trip must have successfully completed a background screening before attending the trip and must be listed on the attached roster on the back of this form.

Troop Leader Signature: _____ **Date:** _____

Leaders Name: _____

Troop Number: _____

Confirmed Camp: _____

Date Camping: _____

(For office use only)

(For office use only)

Roster of Adult Participants –

- All adults attending this camping trip must be registered Girl Scouts
- All adults attending this camping trip have successfully completed a background screening prior to the trip
- We need at least three weeks' notice in order to screen anyone who has not previously been screened.
- If you have to add any adults to the trip after the initial registration, as listed below, contact us by email at camp@gsgatl.org with the names and emails of the individuals who must be verified before the start of the trip or they will not be allowed to attend.

	Complete Legal Name of Adult	Email Address	Role (leader, parent, etc.)	Council use only Date verified/initial
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Additional Activities Available

You may be interested in some additional activities like canoeing, archery, swimming, horseback riding, STEM activities or taking on the high challenge course while camping. Specific activities and how to register for them will be in your confirmation. For more information about these and other opportunities visit [Troop Camp Activities](#) on our website.