

# Camp Request, Non-Council Sites



Girl Scouts of NE Kansas & NW Missouri  
8383 Blue Parkway, KC, MO 64133  
(816) 358-8750 Fax (816) 358-5714  
[www.girlscoutsksmo.org](http://www.girlscoutsksmo.org)

Submit this form 4 weeks in advance when day or overnight camping is requested at a location other than one of the council's camps. If advice is needed to secure wheelchair assessable facilities, contact the Membership Manager.

There are many camp sites available for troop camping. A partial listing of the council approved sites that meet safety standards is in the *Camp Reservation Guide*. Complete a Camp, Non-Council Site Survey form if the site is not pre-approved.

Make reservations directly with the camp site. Visit the site before the group arrives and survey the area. If it is not possible to visit the site beforehand, walk the area upon arrival. Identify hazards, unsafe or unsanitary conditions and act accordingly.

**Council camp training or equivalent experience is required to take girls troop camping.**

Service Unit \_\_\_\_\_ Troop \_\_\_\_\_

Camp Certified Adult-in-Charge _____	Date of Training _____		
Address _____			
Street	City	State	Zip
E-Mail _____			
Telephone ( ) _____	( ) _____	( ) _____	
Day	Evening	Cell	

If adult in-charge hasn't participated in council training, describe equivalent experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camp site \_\_\_\_\_  
(Name & Address of Camp Site)

**Estimate # of** Daisy \_\_\_\_\_ Br \_\_\_\_\_ Jr \_\_\_\_\_ Cadette \_\_\_\_\_ Senior \_\_\_\_\_ Ambassador \_\_\_\_\_

**Estimate # of** G.S. Adult \_\_\_\_\_ Non-G.S. Adults \_\_\_\_\_ Tags \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Number of Nights \_\_\_\_\_

Girl Scout Accident Insurance does not cover stays of more than two (2) nights, or provide insurance for non-members. Supplemental coverage should be purchased for additional nights and non-members.

Certified first aider _____	Date Certification Expires _____
Certified CPR adult _____	Date Certification Expires _____
Approved by _____	Date _____
Signature	Position

**Return to Council Representative**