

**GIRL SCOUTS OF LOUISIANA - PINES TO THE GULF  
CAMP BON TEMPS RESERVATION FORM**

**FOR OFFICE USE ONLY**  
PROGRAM  
TROOP ACTIVITIES YEAR  
\_\_\_\_\_

**RESERVATIONS FOR USE OF COUNCIL PROPERTY AND EQUIPMENT CAN ONLY BE MADE BY AN INDIVIDUAL WHO HAS COMPLETED THE APPROPRIATE OUTDOOR EDUCATION COURSES.**

**INSTRUCTIONS AND IMPORTANT NOTES:**

1. Contact the site manager at 337.344.7872 to check availability and make reservations.
2. Complete the Camp Bon Temps Reservation form and the Application for Activities & Trips form . P-500, PO-501
3. Prepare two checks made payable to Girl Scouts of Louisiana – Pines to the Gulf; one for deposit (\$5 for day use or \$10 overnight use) and one for user fee. (\$2 x number of participants – girls and adults).
4. Mail both checks and form to: Girl Scouts of Louisiana – Pines to the Gulf, 1123 Camp Bon Temps Road, Breaux Bridge, LA 70517. (Service Unit Campouts: checks and forms will be collected by service unit chairperson). Checks and form must be received at least four (4) weeks before scheduled campout.
5. Review the Camping Section of the Outdoor Experience Manual for further procedures and reminders.

\*Your camp reservation will automatically be canceled if paperwork is not received on time.

\*\*You will be notified of reservation confirmation. If you do not receive a confirmation; contact your Troop Support Specialist or Site Manager to be certain your paperwork was processed.

**DO NOT COMPLETE THIS FORM UNLESS YOU HAVE ALREADY RECEIVED VERBAL APPROVAL FROM THE SITE MANAGER!**

TROOP# \_\_\_\_\_ Program Age Level \_\_\_\_\_ Service Unit # \_\_\_\_\_

Name of person trained in Outdoor Education: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Troop Leader's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Arrival and departure times as per phone conversation:

**Arrival----** Date: \_\_\_\_\_ Time: \_\_\_\_\_ **Departure-----** Date \_\_\_\_\_ Time \_\_\_\_\_

Facilities and equipment requested: (check)

\_\_\_ Troophouse                      \_\_\_ Troop House  
\_\_\_ Pine/Fern Pavilion # \_\_\_\_\_ \_\_\_ Persimmon and Pavilion  
\_\_\_ Tent area requested            \_\_\_ Kiwanis Hut (Qty) \_\_\_\_\_

\_\_\_ Bring own tents

\_\_\_ Lake (# of canoes) \_\_\_\_\_

\_\_\_ Swimming pool (specify times)

Day \_\_\_\_\_ Time From: \_\_\_\_\_ To: \_\_\_\_\_

Day \_\_\_\_\_ Time From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_ Archery (check equipment list to request needed items there is a small fee for targets)

List adults who have had the training session(s) appropriate to the activities planned.

Archery Instructor: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Certified Lifeguard: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Canoe Instructor: \_\_\_\_\_ Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

# Participants \_\_\_\_\_ Girls      \_\_\_\_\_ Female Adults      \_\_\_\_\_ Male Adults      \_\_\_\_\_ Boys (For family day only)

Two separate checks: 1. User Fee (number of participants x \$2)                      \$ \_\_\_\_\_

2. Deposit (\$5 day time or \$10 overnight)    \$ \_\_\_\_\_

# Application for Activities and Trips



1.800.960.2093 www.gslpg.org

**DIRECTIONS:** completed application should be sent to [info@gslpg.org](mailto:info@gslpg.org) for approval at least 4 weeks prior to trip. Within 10 business days of receipt of your request, you will be notified of the status of your application. This form must be approved before girls proceed with further planning.

Date: \_\_\_\_\_ Troop No.: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Name of Troop Leader/Contact during activity: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Phone at Activity: \_\_\_\_\_ Email: \_\_\_\_\_

## Please indicate the reason(s) you are completing this form (Check all that apply):

- Tag-a-longs (unregistered members) will be attending this activity/trip.
- This activity/trip requires more than 350 miles round-trip.
- This activity/trip is for international/cruise travel. (See GSLPG Extended Troop Trip Training)
- This activity/trip lasts more than 2 consecutive nights. (3 nights when one of the nights is a federal holiday).  
(See GSLPG Extended Troop Trip Training) A day-to-day itinerary including times and locations must be attached.
- This activity/trip occurs at a GSLPG Camp property and is attached to a PO-501.
- This activity/trip involves high-risk activity. Please list: \_\_\_\_\_

**Trip Information:** Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Departure Location and Physical Address: \_\_\_\_\_

Activity Location and Physical Address: \_\_\_\_\_

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? \_\_\_\_\_

Is this activity listed in the Safety Activity Checkpoints?  No  Yes, list here: \_\_\_\_\_

Is this activity overnight?  No  Yes, attach sleeping accommodations (address and phone number) and arrangements (room assignments, cabin assignments, etc.).

## Emergency Contact at Home:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\*This contact should not be a participant on the activity.

**Participant Information:** Attach a participant roster including participant's age, program grade level, phone number, roles of all adults, and indication if participant is a registered or non-registered attendant.

Total # registered girls in troop/group: \_\_\_\_\_ Total # registered adults in troop/group: \_\_\_\_\_

Participant Numbers: Daisy: \_\_\_\_\_ Brownie: \_\_\_\_\_ Junior: \_\_\_\_\_ Cadette: \_\_\_\_\_ Senior: \_\_\_\_\_ Ambassador: \_\_\_\_\_

Adult Females: \_\_\_\_\_ Adult Males: \_\_\_\_\_ Tag-a-longs (unregistered children) \_\_\_\_\_

## General Budget Information: (An itemized budget may be requested if needed)

Cost per girl: \$ \_\_\_\_\_ Cost per adult: \$ \_\_\_\_\_ Total Budget: \$ \_\_\_\_\_

Troop funds will pay: \$ \_\_\_\_\_ Participant will pay: \$ \_\_\_\_\_

How was money raised for this activity (Product sales, money-earning, etc.) \_\_\_\_\_

**Complete Second Page**

**Transportation Information:** Indicate what type of transportation is being used.

Private Vehicle    Leased/Rented Vehicle\*    Bus\*    Train    Plane    Watercraft

\*If leasing or chartering transportation, attach completed P-507-Information Needed for Hired, Leased or Borrowed Vehicles. The P-507 form can be found on the council website.

The adults listed below are driving private/leased/rented vehicles (if applicable, list additional driver(s) information on a separate paper.):

Name: \_\_\_\_\_ D.L.# \_\_\_\_\_

Name: \_\_\_\_\_ D.L.# \_\_\_\_\_

**Certifications:**

The adults listed below are participating on this trip and have completed the necessary training for this trip. See council guidelines for travel certifications.

Name	Certification (First Aid/CPR, Canoe, Lifeguard, archery, outdoor training)	Date Completed	Expiration (if applicable)	Approved (by Council)

Will there be certified adults, special consultants, resources, equipment, or organizations provided at the activity?

No    Yes, list here: \_\_\_\_\_

**Advisor/Leader Statement of Compliance:**

- I have reviewed the policies for this activity found in Volunteer Essentials, Safety Activity Checkpoints, and GSLPG's travel, health, safety and emergency procedures and the policies are being adhered to.
- All certified adult participants can perform in their capacities according to GSUSA health and safety guidelines.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- A Girl Scout Permission Slip (P-518) has been obtained for each girl including Girl/Adult Health History (TO-508).
- The group will be accompanied by a minimum of 2 registered, non-related adults. One must be a female. Additional adults will be added as required by GUSUA Safety Activity Checkpoints.
- Our group/troop will conduct ourselves always in a positive manner while representing Girl Scouts.
- I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Advisor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Received _____	Action Taken Date _____	Action Taken By _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Manager Signature _____			
<input type="checkbox"/> Mutual of Omaha Ins. Needed Date Purchased: _____		<input type="checkbox"/> P-507 Needed Date Submitted: _____	
<input type="checkbox"/> This trip requires Extended Trip Training. Date Submitted: _____			
Notes: _____			
_____			
_____			