

**GIRL SCOUTS OF LOUISIANA - PINES TO THE GULF
CAMP WAWBANSEE 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 337.704.8620 to check availability and make reservations.
2. Complete the Camp Wawbansee 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, 610 Girl Scout Rd, Simsboro, LA 71212. (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 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: _____			

