

Service Unit Encampment

This form is to be filled out by any service unit planning an encampment. It is due to your Field Director at the council office five weeks before the event.

Association _____ Service Unit _____

Service Unit Manager _____

day phone: _____ evening phone: _____ email _____

Service Unit Encampment Coordinator _____ Date of training _____

day phone: _____ evening phone: _____ email _____

Location of encampment _____ Date of encampment _____

Program plans _____

Payment will be per girl, per troop, etc.?

Method of transportation: private vehicle chartered bus other

If chartered transportation, is a certificate of insurance on file at the council? yes no

FOR NON-COUNCIL SITES:

Drinking water is supplied by: well surface city other (specify)

Water has been tested in last 30 days if a seasonal site, or annually if a year around site? yes no

At least one toilet facility and adjacent hand-washing facility for every 20 overnight campers? yes no

Fire extinguishers are available (tank, water bucket, rake/shovel, etc.) yes no

PARTICIPANTS:

Troops spending the night: TOTAL TROOPS _____

Level/Troop #	Level/Troop #	Level/Troop #	Level/Troop #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Troops attending for the day: TOTAL TROOPS _____

Level/Troop #	Level/Troop #	Level/Troop #	Level/Troop #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF PARTICIPANTS ATTENDING:

Sen _____ Cad _____ Jr _____ Br _____ Da _____ Adult _____

FIRST AID:

We have a first aider for each troop: yes no

We have a first aid station: yes no

Total number of first aiders _____

Name	Certificate Expiration Date & Type of certification	Level (Standard,RN,MD,LPN,etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIALISTS (i.e. lifesaver, canoeing instructor, etc. - Please attach certification documentation as outlined in Safety-Wise and Green Pages):

Total number of Specialists _____

Name	Type of Certification	Certificate Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

204/214 CERTIFIED ADULTS:

Total number of outdoor certified adults _____

Name	Level	Certificate Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____