

**APPLICATION FOR FALL 2008 SERVICE UNIT ENCAMPMENT ON COUNCIL CAMPSITES**

For Council campsites, complete and return this form during the application period to GSCNC, ATTN: SERVICE UNIT ENCAMPMENTS. 4301 Connecticut Avenue, NW Washington, DC 20008

This form may also be found at our council web site at <http://www.gscnc.org/camping/sueform/> OR <http://www.gscnc.org/camping/sueapplicationintro.php>

ASSN \_\_\_ SU \_\_\_ **Service Unit Manager** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**Service Unit Encampment Coordinator** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of SU Encampment Coordinator Training \_\_\_\_\_

Service Unit First Aider \_\_\_\_\_

Type of Certification \_\_\_\_\_ Expiration date \_\_\_\_\_  
(Level 2 needed if more than 200 participants)

APPROXIMATE NUMBER OF PARTICIPANTS: Overnight \_\_\_\_\_ Day only \_\_\_\_\_ Troops \_\_\_\_\_

**\*\*\*\*In order to process your application you must indicate the date of your last Service Unit Encampment on a GSCNC campsite\*\*\*\***

**Date \_\_\_\_\_ Location \_\_\_\_\_**

**PLEASE COMPLETE THE FOLLOWING**

Please list **camp(s)** and **date(s)** requested in order of preference

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

\_\_\_\_\_  
Service Unit Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Director Signature

\_\_\_\_\_  
Date