

TROOP CAMPING - GREEN LIGHT

Mail to: GSCSNJ, 40 Brace Rd. Cherry Hill, NJ 08034

	pelow and <u>return</u> to the address above with payment. and may jeopardize your reservation)
Leader:	
Address:	
Town:	
Phone (Day)	
E-Mail:	
	Troop:
You are registered for the follow	
Please call RANGER before the week Ranger: H.L Ransom-	kend if arrival / departure information is missing or plans change. (609) 351-9370
Roster Troop Camping Report	Must be signed and returned to Cherry Hill Complete and give to Ranger when you check in. Complete and give to the Ranger upon your departure nation sheet on the web at www.campforgirls.org under facilities.
Note: These need to be differen	t people. Include copies of certificates
Name of First Aider:	
Date of First Aider's certification:	
Name of person completing Overnight Ac AND Outdoor Skills	Iventures
Payment for site(s) must be received v Rental Agreement with your payment.	vithin 15 days or reservation will be canceled. Please include the signed
Total Amount Enclosed:	My check is enclosed: Check Number
Credit Card Number:	Exp: (mm/yy): CVV2 code
Card Holder Name:	Card Holder Zip Code (required):
Signature:	Date:

Activities Requested * Payment is required prior to participation. Activities must be booked and paid for at least 2 weeks in advance. Please visit our website at campforgirls.org for age/level restrictions for camp activities.