

2010 Fairview Lake SU18 Camporee Troop Roster

**LEADERS: PLEASE RETURN THIS FORM TO am_jakubowski@yahoo.com
OR A COPY WITH FINAL PAYMENT**

Girl Scout Heart of New Jersey Council Service Unit 75 (formally 18) - Arrival at Fairview
April 30, 2010 after 5 p.m., departing Sunday May 2nd, 2010, noon

Troop #: _____

**LEADERS NOTE: PLEASE CIRCLE THE NAMES OF ANY ADULTS WHO WILL BE DRIVERS
FOR YOUR TROOP.**

	Name of Registrant (Adult & Girl)	Complete Address	Mobil Phone (Adult) Home Phone (Girl)	Employer (Adult)
1				
2				
3				
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GSHNJ SU75 - OLDER GIRLS/FAIRVIEW CAMPOREE 2010
TROOP CERTIFICATIONS INFORMATION & RECORD

*Certifications needed for each troop for Camporee:

One Leader/Adult per troop with current CPR/First Aid certifications.

(You must also attach a copy of current CPR/ First Aid certification cards.)

Note: If you do not have an adult with this certification we will put you in close proximity to one that does.

One Leader/Adult per troop with Leader Level training

One Leader/Adult per troop with Outdoor training to the Camp-In level or on-line Outdoors and Overnight training.

TROOP #:		PLEASE CHECK ALL THAT APPLY				
	TROOP LEADER/ADULT NAME:	CPR/First Aid (attach copy of certification)	*Leader Level training		*Outdoor & Overnight training	
				Date		Date
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

IMPORTANT: Individual girl permission slips and ("pink") medical forms must be obtained and held at Camporee for each girl by troop leaders.

Name of Leader or other adult who will be holding Girl consent and medical forms at Camporee:

PLEASE LIST HERE DRIVERS LICENSE AND INSURANCE INFO FOR ANY POSSIBLE DRIVER FOR YOUR TROOP (RH Council definition: "Anyone who will be putting Girl Scouts in their car")

DRIVER NAME	INSURANCE PROVIDER NAME	POLICY#	POLICY EXP. DATE