

Girl Scouts of Southern Illinois Camp Report

Please complete one form for each troop/unit used and return to Program/Training Registrar :

Girl Scouts of Southern Illinois, Corporate Service Center, #4 Ginger Creek Parkway, Glen Carbon, IL 62034
 FAX: (618) 692-0685

Was this an outdoor experience? Yes No
 (Definition: A learning or program activity carried out in an outdoor setting.)

Camp Used _____ Unit Used _____

Troop # _____ Service Unit # _____ or Event _____ Name of Adult in Charge _____

Dates: From _____ to _____ Number of Nights _____

Grade Level and **NUMBER** of Girl Scouts:

Daisy _____ Brownie _____ Junior _____ Cadette _____ Senior _____ Ambassador _____

Number of Registered Adult Girl Scouts: _____ Women _____ Men

Number of Non-Girl Scouts Age 5 and Up: _____ Women _____ Men _____ Tagalongs

Number by Ethnic Breakdown*:

Adults: AM _____ AS _____ BL _____ WH _____ OT _____ HIS _____

Girls: AM _____ AS _____ BL _____ WH _____ OT _____ HIS _____

* Ethnic Code: AM-American Indian; AS-Asian; BL-Black; WH-White; OT-Other; HIS-Hispanic

Was any first aid required? Yes No If yes, explain _____

MAINTENANCE REPORT

Item(s) Needing Repair	Description	Location

Did you have equipment requested? Yes No

If yes, was anything missing? _____

Did Ranger check on troop/group during stay? Yes No

Other Comments/Suggestions _____

Girl Scouts of Southern Illinois Camp Report

Please complete one form for each troop/unit used and return to Program/Training/Facilities Registrar :

Girl Scouts of Southern Illinois, Corporate Service Center, #4 Ginger Creek Parkway, Glen Carbon, IL 62034
FAX: (618) 692-0685

Troop Camp Report for Non-Council Sites

Troop # _____ Grade Level(s) _____ Service Unit _____

Camp/Site Used _____

Location _____

Dates Used: from _____^{address} to _____^{city}, # of overnights _____^{state} _____^{zip}

Girls: _____Daisy _____Brownie _____Junior _____Cadette _____Senior _____Ambassador

Adults: _____ Name of Adult-in-Charge _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Was any First Aid needed? Yes No If yes, please describe: _____

Name of patient: _____ Name of First Aider: _____

Site Information

Facilities Available: Lodge Cabins Platform Tents Other _____

Facilities you used: _____

What did your troop like best? _____

What did your troop like least? _____

Would you recommend this site to another troop? Yes No If no, why not? _____

