

**GSNEO Troop Camping Roster**
 GSNEO  
 Central/North Office  
 One Girl Scout Way  
 Macedonia, OH 44056-2156  
 330-864-9933  
 330-467-1901 (fax)

 GSNEO  
 North Office  
 4019 Prospect Ave Ste 240  
 Cleveland, OH 44119  
 216-481-1313  
 330-467-1901 (fax)

 GSNEO  
 South Office  
 1010 Applegrove St NW  
 N. Canton, OH 44720  
 330-433-9485  
 330-499-4475 (fax)

 GSNEO  
 East Office  
 980 Warren Ave  
 Niles, OH 44446  
 330-652-5876  
 330-544-7959 (fax)

 GSNEO  
 West Office  
 6111 S. Broadway Ave  
 Lorain, OH 44053  
 440-233-6112  
 440-233-7393 (fax)

**Please fill out completely & send to the corresponding service center no later than 3 weeks prior to your camp date. All attending must be registered Girl Scouts OR additional insurance must be purchased for non Girl Scout members attending. Please contact council for details.**

<b>Date</b>	<b>Troop#</b>	<b>Camp Name</b>	<b>Cabin Name</b>
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**Adults Attending (please check to indicate)**

Name	Leader	First Aid	CPR	Camp Trained	Registered GS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Girl Scouts Attending (please list only girls that are attending - use back if necessary)**

Name	Registered GS (circle ONE)	County	PS	HF	Photo
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____
_____	YES / NO _____	_____	_____	_____	_____

✓ to indicate: PS = Permission Slip; HF = Health Form; Photo = is allowed to be photographed

 Racial/Ethnic Information: Indicate # of girls in space below (*information will help program funding*)
 \_\_\_\_\_ Hispanic/Latino
 \_\_\_\_\_ White/Caucasian  
 \_\_\_\_\_ American Indian/Alaskan Native
 \_\_\_\_\_ Asian
 \_\_\_\_\_ Black/African American
 \_\_\_\_\_ Hawaiian or Pacific Islander
 \_\_\_\_\_ Other (please specify)