

Girl Scouts of Virginia Skyline Council, Inc..

CAMP SITE INFORMATION FORM

Complete and return to the staff supervisor two weeks before camp starts. A copy also needs to go to the Director of Program and Outdoor Services.

Name of Camp _____

Dates of Camp _____

Name of Campsite _____

Owner of Campsite _____

Address of Campsite _____

Phone Number of Campsite _____ - _____ - _____

Location of Phone _____

Directions to Campsite from closest main road _____

If Campers are transported by bus, complete the following:

Name of Bus Company _____

Phone Number _____ - _____ - _____

Bus Stop Including Times:
