



**Girl Guides**  
Singapore

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RESIDENTIAL CAMP APPLICATION FORM

**I. PARTICULARS OF APPLICANT**

1. Name of CC/GIC: \_\_\_\_\_  
(Please underline surname)
2. Address: \_\_\_\_\_  
Postal Code S( \_\_\_\_\_ )
3. Telephone no.: \_\_\_\_\_ (Residential)
4. Telephone no.: \_\_\_\_\_ (Office)
5. Email: \_\_\_\_\_
6. Unit: \_\_\_\_\_ (Coy)      7. Division: \_\_\_\_\_
8. District: \_\_\_\_\_
9. Rank: \* Captain/Lieutenant
10. Warranted: \_\_\_\_\_  
(dd/mm/yy)
11. School: \_\_\_\_\_

**II. CAMPING EXPERIENCE**

12. Have you attended the following training courses:

	Yes	or	No	If yes, indicate year
* BTC Module II	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
* Quartermaster's Certificate Training	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
* Campfire Leader Training	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
* Camp First Aid Course	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

13. Have you been a Camp Staff:

Year	Name of Camp	Name of CC/GIC	If yes, please indicate Position
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____

**III. DETAILS OF CAMP**

14. Date of Camp from: \_\_\_\_\_ to: \_\_\_\_\_  
 (dd/mm/yy) (dd/mm/yy)

15. Address of Camp: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code S( )

16. Telephone no.: \_\_\_\_\_

No. of Campers	Coy	Division
* _____	_____	_____
* _____	_____	_____

18.	Camp Staff			
		Name	Coy	Experience/ Qualification
*	ACC/AGIC	_____	_____	_____
*	QM	_____	_____	_____
*	AQM	_____	_____	_____
*	FA	_____	_____	_____
*	AFA	_____	_____	_____

19. Name of Guider-on-call \_\_\_\_\_  
(Please underline surname)

20. Telephone no.: \_\_\_\_\_

**IV. CAMP ARRANGEMENTS**

21.	Sleeping Arrangements		
		Description	Number
*	Type of Tents	_____	_____
*	Wet Weather Accommodation	_____	_____
*	Sick Bay(s)	_____	_____
*	Dormitory	_____	_____
	8 beds		
	22 beds		
	24 beds		

22.	Cooking Arrangements		
*	Cooking area(s)	_____	_____
*	Storage of Food	_____	_____

23.	Sanitation	_____	_____
*	Toilets	_____	_____
*	Bathrooms	_____	_____

24. Emergency

\* Doctor-on-call: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code S(            )

Telephone no.: \_\_\_\_\_

\* Nearest Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code S(            )

Telephone no.: \_\_\_\_\_

\* Nearest Hospital: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code S(            )

Telephone no.: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**V. APPROVAL**

Application approved/ not approved \*(delete where applicable)

\_\_\_\_\_  
 Signature of Camp Commissioner

\_\_\_\_\_  
 Date

**VI. PAYMENT**

1.	Camping Cluster:	No. of days_____	Unit Price \$_____	Amount \$_____
2.	Dormitory 8-beds:	No. of days_____	Unit Price \$_____	Amount \$_____
	22-beds	_____	\$_____	
	24-beds	_____	\$_____	
3.	Kitchen	No. of days_____	Unit Price \$_____	Amount \$_____
4.	Recreation Area	No. of days_____	Unit Price \$_____	Amount \$_____
5.	Others	No. of days_____	Unit Price \$_____	Amount \$_____

TOTAL AMOUNT:    Cheque No. \_\_\_\_\_ \$ \_\_\_\_\_                      Cash \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Note: The times for check-in and check-out are as follows: -

	<u>Description</u>	<u>Check-In</u>	<u>Check-Out</u>
1.	Camping Cluster	0900 - 1000 hrs	1430 - 1530 hrs
2.	Dormitory	1200 - 1400 hrs	0830 - 1030 hrs
3.	Recreation Area	0900 hrs	1700 hrs

**DATA PROTECTION**

Girl Guides Singapore (GGS) will hold and protect all your personal particulars in accordance with the terms of Personal Data Protection Act (Singapore).