



Foxfire House Live-In Application

Foxfire House is Girl Scouts in the Heart of Pennsylvania's program devoted to giving girls the opportunity to step back in time and experience Pennsylvania German culture of the early 1800s.

Live-ins are available to Girl Scout Junior, Cadette, Senior, and Ambassador troops completing the Foxfire House patch. Only one age level may be scheduled at a time for one weekend. Live-ins begin Friday evening and conclude Sunday afternoon. Both the Foxfire House and the Program Center need to be reserved. (Check with registrars if you have a small group and do not need the program center.)

It is important to complete most of the Foxfire House patch requirements prior to arriving at the Foxfire House for your Live-in. Begin working on the patch requirements early in your Girl Scout year. Your Live-in weekend is the culmination of the girls' trip back in time.

In order for everyone in your group to benefit and get the most from this experience, preparation is important. We have some resources that will be very helpful for you in completing the Foxfire House patch. The [Foxfire House Resource Guide](#) and the [Foxfire House Cookbook](#) are both available in a PDF format and can be easily e-mailed to you. The [Foxfire House History](#) is a Grab'n'Go DVD which you can rent through your local Girl Scout office. Call 1-800-692-7816 to request these resources.

Once you have reserved the site for your Live-in, you will be contacted by the Foxfire House Site-Aide Coordinator. She will assign you a volunteer site-aide who will help you make your final preparations for your Live-in. Your site-aide will spend the weekend with you and guide your group through your Live-in experience.

The Foxfire House is open for tours at the annual Foxfire Open House and the annual Foxfire Holiday Open House. Watch for details about these opportunities on our website and in the *Be Connected* newsletter.



APPLICATION FOR TRIP TO GSHPA-OWNED SITES

For Reservation and Approval of Trips and Use of GSHPA Properties and Equipment
for Troops/Groups/Service Units

SECTION 1: GENERAL INFORMATION

Type of Group: <input type="checkbox"/> Service Unit _____ <input type="checkbox"/> Troop _____ <input type="checkbox"/> Group _____			
Contact Name:		Age Level (please circle): D B J C S A Adults	
Mailing Address:		City:	State: Zip:
Home Phone: ()	Cell Phone: ()	Email:	

SECTION 2: GENERAL TRIP INFORMATION

Describe planned activity:		Date(s) of Activity:	
Contact on Trip:		Phone Number: ()	
At Home Contact:		Phone Number: ()	
Number of registered Girls: _____ Adults: _____		Number of non-registered Girls: ___ Boys: ___ Adults: ___ <input type="checkbox"/> Additional Insurance Coverage Request form attached	

Site Preference (Indicate up to three choices):
Deposit Required at time of Reservation

First Choice	Camp	Arrival (after 3:00 p.m.)		Departure (before 1:00 p.m.)	
	Unit(s)	Date	Time	Date	Time
Second Choice	Camp	Arrival		Departure	
	Units(s)	Date	Time	Date	Time
Third Choice	Camp	Arrival		Departure	
	Units(s)	Date	Time	Date	Time

Campsite Equipment (Required Deposit = \$25.00 per item checked)							Commercial Kitchen
All GSHPA equipment must remain on site at all times.							(Required Deposit= \$50)
Equipment Rental Fee	Archbald	Echo Trail	Furnace Hills	Golden Pond	Louise	Small Valley	Commercial Kitchen Pricing varies by camp
Archery \$15 ½ day \$30 Full day	<input type="checkbox"/> Archery <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Archery <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Archery <input type="checkbox"/> ½ day <input type="checkbox"/> Full day		<input type="checkbox"/> Archery <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Archery <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Archbald <input type="checkbox"/> Echo Trail <input type="checkbox"/> Furnace Hills
Pool \$30 ½ day \$60 Full day		<input type="checkbox"/> Pool <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Pool <input type="checkbox"/> ½ day <input type="checkbox"/> Full day		<input type="checkbox"/> Pool <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Pool <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Golden Pond <input type="checkbox"/> Louise <input type="checkbox"/> Small Valley
Canoes* \$15 ½ day \$30 Full day	<input type="checkbox"/> Canoes <input type="checkbox"/> ½ day <input type="checkbox"/> Full day			<input type="checkbox"/> Canoes <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Canoes <input type="checkbox"/> ½ day <input type="checkbox"/> Full day		*Personal floatation devices (PFDs) are provided and must be worn by all participants. Certified instructors and lifeguards are required for small craft and other water activities.
Kayaks* \$15 ½ day \$30 Full day	<input type="checkbox"/> Kayaks <input type="checkbox"/> ½ day <input type="checkbox"/> Full day			<input type="checkbox"/> Kayaks <input type="checkbox"/> ½ day <input type="checkbox"/> Full day	<input type="checkbox"/> Kayaks <input type="checkbox"/> ½ day <input type="checkbox"/> Full day		
Row Boats* \$15 ½ day \$30 Full day	<input type="checkbox"/> Row Boats <input type="checkbox"/> ½ day <input type="checkbox"/> Full day				<input type="checkbox"/> Row Boats <input type="checkbox"/> ½ day <input type="checkbox"/> Full day		
Low Ropes \$25 ½ day \$50 Full day		<input type="checkbox"/> Low Ropes <input type="checkbox"/> ½ day <input type="checkbox"/> Full day					
Date/Starting Time of Program				Office Use Only: Equipment Return Date/Time			
1 st Choice	Date:	Time:		1 st Choice	Date:	Time:	
2 nd Choice	Date:	Time:		2 nd Choice	Date:	Time:	
3 rd Choice	Date:	Time:		3 rd Choice	Date:	Time:	
# of Equipment Rental Days required:							
# of Small Crafts required: Canoes: _____ Kayaks: _____ Row Boats: _____							

The troop leader is responsible for contacting currently certified facilitators and lifeguards. You may contact the Council office to assist you in your search for certified facilitators and lifeguards, but there are no guarantees. Enclose a copy of the current certifications of facilitators or lifeguards. The primary lifeguard must be at least 18 years of age. Girl Scouts must refer to Volunteer Essentials and the Safety Activity Checkpoints for proper ratios.

For any trip involving swimming activities, a currently certified lifeguard must accompany the group.

Name of Lifeguard(s) _____ Copy of certification attached
 Name of Training: _____ Date of Training: _____ Exp. Date: _____

Name of Certified Instructor (if applicable): _____ **Copy of certification attached**

A person currently certified in both first-aid and CPR must accompany a troop/group on any type of trip.

Name of First-aid/CPR Trained Adult: _____ Copy of certification(s) attached
 Name of First-aid Training: _____ Date of Training: _____ Exp. Date: _____
 Name of CPR Training: _____ Date of Training: _____ Exp. Date: _____

Mode of Transportation:

- Parent/Guardian** driving their own daughter(s)/ward(s)
- Carpooling:** persons driving members of the troop/group must submit a volunteer authorization & disclosure form (**complete driver information portion of this application**)
- Rental Van:** call the council office to make arrangements for contract signature before renting (Reminder: Girl Scouts cannot be transported in 15-passenger vans)
- Charter Bus:** call the council office to make arrangements for contract signature before renting; certificate of insurance is needed

Driver Information: (if applicable)

1. Name: _____
 Current Insurance/Registration/Drivers License Verified
 Volunteer application & authorization forms approved
2. Name: _____
 Current Insurance/Registration/Drivers License Verified
 Volunteer application & authorization forms approved
3. Name: _____
 Current Insurance/Registration/Drivers License Verified
 Volunteer application & authorization forms approved

* Attach additional sheet listing any other drivers, if necessary

Itinerary (dates, times of daily activities) attached

Travel/Outdoor Training Completion (as applicable)

Does the trip involve outdoor cooking? Yes No

- Travel Training; Date of Completion: _____
- Outdoor Skills; Date of Completion: _____
- Camping 101/Fire building 101 Date of Completion: _____

Projected Budget for Activity

Expenses		Income	
Cost Per Girl	\$	Girl Contribution	\$
Cost Per Adult	\$	Troop/Group Contribution	\$
		Other	\$
TOTAL COST	\$	TOTAL ESTIMATED INCOME	\$

Before mailing application, submit form and all attachments to the Service Unit Manager, for approval and signature.

- I verify that I have reviewed the GSHPA property regulations. I agree to abide by all GSHPA rules and regulations and the Safety Activity Checkpoints for this trip/activity.
- I understand that I must submit a roster of attendees 2 weeks before the trip.
- I have enclosed the fee to reserve the listed campsites. I understand the fee is refundable if cancellation is received in writing at least 2 weeks prior to the event.
- I understand we are responsible for the care of the equipment we are receiving and agree to pay for damages incurred. I agree to return all equipment on the above date unless special arrangements have been approved.

Enclosures: (please check all that apply)

- \$25.00 security deposit * for unit rental (required with reservation form)
- \$25/\$50 equipment security deposit (required with reservation form)
- \$100.00 security deposit* for entire camp rental (required with reservation form)
- Fee for unit rental (due 3 weeks before date of reservation)
- Fee for equipment (due 3 weeks before date of reservation)
- Copies of certification cards for First Aid/CPR, (if not obtained through GSHPA)
- Copies of certifications for lifeguards or certified instructors, if applicable.
- Roster of attendees

* Security deposit will be returned upon receipt of the campsite report form from the ranger.

Signature of Adult in Charge _____

Date _____

Mail to:
 GSHPA
 350 Hale Avenue
 Harrisburg, PA 17104

Service Unit/Staff Use Only

Activity Approved Not Approved

Service Unit Manager Signature _____ Date _____

Staff Signature: _____ Date: _____