



Marine Landing, Mariposa and El Ranchito Day Camp Registration Form

2017

CAMPER INFORMATION: (please type or print)

Is Camper "Out of Council"? ☐ YES ☐ NO
(not with GSGLA)

Camper First and Last Name

Address

City

State

Zip Code

Phone

Email (please be sure to provide an email you actively use)

Age

DOB (MM/DD/YYYY)

Current
Grade

Troop

Girl Scout Council (if not GSGLA)

Camp Buddy Request (Optional):

Name ONE girl your camper would like to be grouped with. Both campers must request each other. Requests are not guaranteed.

PARENT/GUARDIAN INFORMATION:

(1) Parent/ Guardian Name

Home Phone

Cell Phone

Address

City

State

Zip Code

(2) Parent /Guardian Name

Home Phone

Cell Phone

Address (if different)

City

State

Zip Code

EMERGENCY CONTACT:

Emergency Contact Name

Phone

Relationship to Camper

CAMP SESSION SELECTION:

Check off the
location for each
camp listed

Name of Camp Session

Camp
Date

Camp Fee

Weekly Extended
Care (optional)

Subtotal

ER MP ML

☐ ☐ ☐

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☐ ☐ ☐

☐ ☐ ☐

AM (\$25) PM (\$25)

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Add one-time \$15.00 fee if **NOT** a Girl Scout

\$

TOTAL

\$

PERMISSION:

As legal guardian, I give permission for the above girl to attend camp and participate in all activities, for her to be transported out of camp during the camp session for programs and other purposes, and for emergency treatment to be given to her in case of injury or illness, unless otherwise stated. **I understand that if she is not currently a registered Girl Scout, an additional one-time \$15.00 membership fee will be applied to the overall cost of camp.**

X

Parent/Guardian Signature

Date

☐ Check here if you **DO NOT** authorize GSGLA to use images of camper for promotion of Girl Scouts.

✓ PAYMENT (Check one):

☐ \$50.00 DEPOSIT (PER SESSION) or ☐ TOTAL AMOUNT

FOUR WEEKS PRIOR TO START OF CAMP(S) BALANCE IS DUE IN FULL, OR CAMPER'S REGISTRATION WILL BE CANCELED. DEPOSITS ARE NON-REFUNDABLE & NON-TRANSFERABLE.

✓ PAYMENT METHOD (Check one):

☐ Camper has applied for financial aid before **May 12, 2017** deadline — **Family Contribution** \$

☐ Charge to credit card

☐ Visa

☐ MasterCard

☐ AmEx

☐ Discover

Cardholder Name

Credit Card

Exp Date

CVV #

X

Cardholder Signature