



# Specialty Camp Registration Form

# 2017

## CAMPER INFORMATION: (please type or print)

Camper First and Last Name				Is Camper "Out of Council" <input type="checkbox"/> YES <input type="checkbox"/> NO (Not with GSGLA)	
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)	

## 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
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## CAMP SESSION SELECTION:

Camp Property Name	Name of Camp Session	Camp Date	Camp Fee	Subtotal
①				
②				
Add one-time \$15.00 fee if <b>NOT</b> a Girl Scout				\$
<b>TOTAL</b>				\$

## 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	Date
Parent/Guardian Signature	
<input type="checkbox"/> Check here if you <b>DO NOT</b> authorize GSGLA to use images of camper for promotion of Girl Scouts.	

<input checked="" type="checkbox"/> <b>PAYMENT (Check one):</b>	<input type="checkbox"/> <b>TOTAL AMOUNT REQUIRED</b>	Deposits are not accepted for Specialty Camps. Total Amount of payment is required.
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<input checked="" type="checkbox"/> <b>PAYMENT METHOD (Check one):</b>				
<input type="checkbox"/> Camper has applied for financial aid before <b>May 12, 2017</b> deadline — <b>Family Contribution</b> \$				
<input type="checkbox"/> Charge to credit card. <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover				
Cardholder Name	Credit Card	Exp Date	CVV #	X Cardholder Signature