

## Specialty Camp Registration Form

2019

CAMPER INFORMATION:	I nlease type or	nrint)			
OAMIFER INFORMATION.	. (piease type or j	<i>printy</i>			
Camper First and Last Name				Is Camper "Out of Council" YES NO	
Camper First and Last Nan	ne			(Not v	vith GSGLA)
A dalan a a					
Address					uncil (if not GSGLA) daughter(s) record is shared with our
				council, GSGLA, b	y contacting your council.
City	State	Zip Cod	le		
Phone Email (please be sure to provide an email you actively use)					
Age DOB (MM/DD/Y	YYY)	Current Grad	de Troop	Girl Scout Council	(if not GSGLA)
PARENT/GUARDIAN INF	ORMATION:				
(1) Parent/ Guardian Nam	ne			Home Phone	Cell Phone
Address		Ci	ity	State	Zip Code
CAMP SESSION SELECT	ION:				
Camp Property			C	amp Camp	
Name	Name of Cam	p Session	Date Fee S		Subtotal
0					
<b>a</b>					
2					
2			Add one-tin	ne \$25.00 fee if <u>NOT</u> a Gi Sco	
2			Add one-tin		ut \$
2			TOTAL	Scot TOTA	ut \$ NL \$
2			TOTAL AMOUNT	Scot TOTA Deposits are not acc	ut \$ AL \$ eepted for Specialty
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PERMISSION:  As legal guardian, I give pe			TOTAL AMOUNT REQUIRED	Scor TOTA Deposits are not acc Camps. Total Amoun	ut \$ AL \$ eepted for Specialty
PERMISSION:  As legal guardian, I give per camp during the camp ses illness, unless otherwise si	sion for programs tated. <b>I understan</b>	and other purpos d that if she is not	TOTAL AMOUNT REQUIRED  d camp and partices, and for emergences	Score TOTA  Deposits are not according and according and activities, for hearing treatment to be give	septed for Specialty at of payment is required.  eer to be transported out of an to her in case of injury or
PERMISSION:  As legal guardian, I give per camp during the camp ses	sion for programs tated. <b>I understan</b>	and other purpos d that if she is not	TOTAL AMOUNT REQUIRED  d camp and partices, and for emergences	Score TOTA  Deposits are not according and according and activities, for hearing treatment to be give	septed for Specialty at of payment is required.  eer to be transported out of an to her in case of injury or
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