



# Lakota Overnight Camp Registration Form

## CAMPER INFORMATION: *(please type or print)*

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 \_\_\_\_\_

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

**Girl Scout Council (if not GSGLA)**  
Please make sure that your daughter(s) record is shared with our council, GSGLA, by contacting your council.

## PARENT/GUARDIAN INFORMATION:

(1) Parent/ Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CAMP LAKOTA SESSION SELECTION:

Session Number	Camp Title	Date of Camp	Camp Fee	Subtotal
①	_____	_____	_____	_____
②	_____	_____	_____	_____
			<b>ADD</b>	_____
			<b>TOTAL</b>	_____

Add one-time \$25.00 fee if **NOT** a Girl Scout \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

✓ **PAYMENT (Check one):**

**\$125.00 DEPOSIT (PER SESSION)** or  **TOTAL AMOUNT**

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

## 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 \$25.00 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):**

GSGLA Gift Card  Visa  MasterCard  AmEx

\_\_\_\_\_ GSGLA Gift Card

\_\_\_\_\_ Cardholder Name

\_\_\_\_\_ Credit Card

\_\_\_\_\_ Exp Date

\_\_\_\_\_ CVV #

X \_\_\_\_\_  
Cardholder Signature