

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

\_\_\_\_\_

Camper First and Last Name

\_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_ Email (**Household email used to access myGS**) \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_ Current Grade \_\_\_\_\_ Troop \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

\_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_

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

**CAMP LAKOTA SESSION SELECTION:**

Name of Camp Session	Camp Date	Camp Fee	Subtotal
① _____	_____	_____	_____
② _____	_____	_____	_____
Add one-time \$25.00 fee if <u>NOT</u> a Girl Scout			\$ _____
<b>TOTAL</b>			<b>\$ _____</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 \$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 - TOTAL AMOUNT REQUIRED**

**Deposits are not accepted for Specialty Camps. Total Amount of payment is required.**

**PAYMENT METHOD (Check one):**

GSGLA Gift Card     Visa     MasterCard     AmEx     Discover

\_\_\_\_\_

Cardholder Name \_\_\_\_\_ Credit Card \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_ X \_\_\_\_\_

Cardholder Signature