



# Marine Landing, Mariposa and El Ranchito Day Camp Registration Form

# 2018

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

Camper First and Last Name

Is Camper "Out of Council"?    YES    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)

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

### 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

    

    

    

    

AM (\$25)

PM (\$25)

Add one-time \$25.00 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 \$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):**

**\$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 11, 2018** deadline — **Family Contribution** \$ \_\_\_\_\_

Charge to credit card    Visa    MasterCard    AmEx    Discover

Cardholder Name

Credit Card

Exp Date

CVV #

X

Cardholder Signature