

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

PARENT/GUARDIAN INFORMATION:

Parent/ Guardian Name Home Phone Cell Phone

Address City State Zip Code

CAMP SELECTION:

Name of Camp	Name of Camp Session	Camp Date	Camp Fee	Weekly Extended Care (optional)		Subtotal
				AM (\$20)	PM (\$20)	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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**
TWO 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):

GSGLA Gift Card Visa MasterCard AmEx Discover

Cardholder Name Credit Card Exp Date CVV # X Cardholder Signature