

**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

**SESSION SELECTION :**

Name of Camp Session

Camp Date

Camp Fee

Subtotal

①

②

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):**       **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