

Camp Lakota Overnight Registration Form

2024

CAMPER INFORMATION: (please type or please type)	print)			
Camper First and Last Name				
Address	City		State	Zip Code
	y			
Phone	Email (Household email used	to access muGS)		
Thore	Linan (Household email used	to access myco)		
A TO DOD (MM/DD/VVVV)	Compant Charles	·····		
Age DOB (MM/DD/YYYY)	Current Grade Troo	р		
PARENT/GUARDIAN INFORMATION:				
Parent/ Guardian Name		Home Phone		Cell Phone
Fareiti Guardian Name		Home Fhone		Cell Filone
	<u> </u>			
Address	City	S	tate	Zip Code
EMERGENCY CONTACT:				
Emergency Contact Name	Phone	Rela	ationship to C	Camper
CAMP LAKOTA SESSION SELECTION:				
Name of Camp Session		Date of Camp	Camp Fee	Subtotal
0				
0				
	Add one-tim	e \$25.00 fee if <u>NOT</u> a	Girl Scout	\$
			TOTAL:	\$
TRANSPORTATION TO CAMP:				
Bus transportation is included in the camp				ve your camper's seat
exclusively online via Campdocs.com, deta PERMISSION:	ils will be emailed closer to you	r session's start date.		
As legal guardian, I give permission for the a	above girl to attend camp and par	ticipate 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, <u>unless otherwise stated</u> . <u>I understand that if she is not currently a registered Girl Scout, an additional one-time \$25.00</u> membership fee will be applied to the overall cost of camp.				
	<u> </u>			
X				
Parent/Guardian Signature		D	ate	
□ Check here if you DO NOT authorize GSGLA to use images of camper for promotion of Girl Scouts.				
Oneck here if you bo Not authorize 6001	LA to use images of camper for po	TOMOLION OF GIFT SCOULS	<u>. </u>	
✓ PAYMENT (Check one):	□ \$200.00 DEPOSIT (PER	SESSION) or [TOTAL A	MOUNT
		·		
TWO WEEKS PRIOR TO START OF CAMP(S) BALANCE IS DUE INFULL, OR CAMPER'S REGISTRATION WILL BE CANCELED. DEPOSITS ARE NON- REFUNDABLE & NON-TRANSFERABLE.				
✓ PAYMENT METHOD (Check one):				
☐ GSGLA Gift Card ☐ Visa	☐ MasterCard ☐ AmEx	☐ Discover		
			X	
Cardholder Name Credit Card	d Exp [Date CVV #	Cardhold	ler Signature