

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 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 upon registration.

PAYMENT METHOD (Check one):

GSGLA Gift Card

Visa

MasterCard

AmEx

Discover

Cardholder Name _____

Credit Card _____

Exp Date _____

CVV # _____

X

Cardholder Signature _____