

**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 \_\_\_\_\_

**EMERGENCY CONTACT:**

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**CAMP LAKOTA SESSION SELECTION:**

Name of Camp Session	Date of Camp	Camp Fee	Subtotal
① _____	_____	_____	_____
② _____	_____	_____	_____
		Add one-time \$25.00 fee if <u>NOT</u> a Girl Scout TOTAL: \$ _____	\$ _____

**TRANSPORTATION TO CAMP:**

Bus transportation is included in the camp fees and will be provided. You may self-transport if needed. Reserve your camper's seat exclusively online via [Campdocs.com](http://Campdocs.com), details will be emailed closer to your session's start date.

**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 \$45.00 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):**  **\$200.00 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 \_\_\_\_\_