



# Day Camp Registration Form

# 2024

**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 SELECTION:**

| Name of Camp  | Name of Camp Session | Camp Date | Camp Fee | Weekly Extended Care (optional) |           | Subtotal |
|---|----------------------|-----------|----------|---------------------------------|-----------|----------|
|   |                      |           |          | AM (\$30)                       | PM (\$30) |          |
| _____   | _____                | _____     | _____    | _____                           | _____     | _____    |
| _____   | _____                | _____     | _____    | _____                           | _____     | _____    |
| _____   | _____                | _____     | _____    | _____                           | _____     | _____    |
| _____   | _____                | _____     | _____    | _____                           | _____     | _____    |
| _____   | _____                | _____     | _____    | _____                           | _____     | _____    |
| <b>Add one-time \$25.00 fee if NOT a Girl Scout</b> |                      |           |          |                                 |           | \$ _____ |
| <b>TOTAL</b>  |                      |           |          |                                 |           | \$ _____ |

**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):**  **\$100.00 DEPOSIT (PER SESSION)** or  **TOTAL AMOUNT**  
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

Cardholder Name \_\_\_\_\_ Credit Card \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV # \_\_\_\_\_ X  
Cardholder Signature \_\_\_\_\_