

Specialty Camp Registration Form

2024

CAMPER INFORMATION: (please type or	print)			
Camper First and Last Name				
				<u> </u>
Address	City	••••	State	Zip Code
Addiess	Oity		Otate	Zip Oode
Phone Email (Household email used to access myGS)				
Thone	Linai (Houseiloia oinaii acc	a to account, e.e.,		
Age DOB (MM/DD/YYYY)	Current Grade Tro	op		
PARENT/GUARDIAN INFORMATION:				
Parent/ Guardian Name		Home Phone	е	Cell Phone
Address	City		State	Zip Code
, ida, 666				
CAMP LAKOTA SESSION SELECTION :				
Name of Camp Session		Camp Date	Camp Fee	Subtotal
		3		
0				
2				
Add one-time \$25.00 fee if NOT a Girl Scout \$				
		<u></u>		
DEDMICOLOM.			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 program	s and other purposes, and for er	nergency treatmen	t to be given to h	er in case of injury or
illness, <u>unless otherwise stated. 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.				
	•			
X				
Parent/Guardian Signature			Date	
☐ Check here if you <u>DO NOT</u> authorize GSC	GLA to use images of camper tor		<i>couts.</i> Deposits are no	t accented for
✓ PAYMENT (Check one):	TOTAL AMOUNT REQ	UIRED	Specialty Camp	s. Total Amount of
,			payment is requ	ired upon registration.
✓ <u>PAYMENT METHOD</u> (Check one):				
☐ GSGLA Gift Card ☐ Visa	☐ MasterCard ☐ AmEx	☐ Discover		
			<u> </u>	
Cardholder Name Credit Car	rd Exp	Date CVV	# Cardhol	der Signature

11/2023