

2019 Camp Registration Form

CAMPER'S NAME

Address _____

City _____ State _____ Zip _____

Phone _____ School _____

Birth date _____ Age _____ School Grade in Fall _____

Registered Girl Scout? Yes No SU# _____ Troop # _____

Camper Buddy _____

(Being placed with a buddy is not guaranteed—both forms must come into the office together for the best chance of being placed with a buddy. List one name only. Both buddies must sign up for the same program and session.)

PARENT/GUARDIAN #1 NAME _____

Phone (home) _____ (work) _____

Email _____

PARENT/GUARDIAN #2 NAME _____

Phone (home) _____ (work) _____

Email _____

Parent's Cell Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Relationship to camper _____

Parent's contact info if different during camp _____

As legal guardian of this child, I give permission for her to attend camp and participate in all activities unless stated, 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. I agree to cooperate with all regulations and procedures. I understand that the \$150 deposit for girl only sessions or the \$50 deposit/person for family camp is not refundable. I understand my daughter must have a current physical completed by Licensed Physician, Physician's Assistant, or Nurse Practitioner under the supervision of a Licensed Physician within 12 months of the start of her camp session. I understand that if my daughter is not a registered Girl Scout there is an additional \$40 fee. I understand that by participating in any camp my daughter will become a member of the Girl Scouts.

CHECK ONE:

Images of my daughter may /may not be used in Girl Scout Public Relations.

Exceptions to participation: _____

TRANSPORTATION

Please choose a preferred location. (Note: this may change depending on the camp in which your registration is confirmed.)

Skylark Ranch: San Jose Santa Cruz

Sugar Pine: Alameda Pleasanton

PARENT/GUARDIAN SIGNATURE* _____ **DATE** _____

Where did you hear about our camps? _____

REGISTRATION #1

1ST CAMP CHOICE _____

Session _____ Program _____

2ND CAMP CHOICE _____

Session _____ Program _____

3RD CAMP CHOICE _____

Session _____ Program _____

REGISTRATION #2

1ST CAMP CHOICE _____

Session _____ Program _____

2ND CAMP CHOICE _____

Session _____ Program _____

3RD CAMP CHOICE _____

Session _____ Program _____

PAYMENT

	REGISTRATION 1	REGISTRATION 2	TOTAL
Total Camp Fees	\$ _____	\$ _____	\$ _____
Non-Girl Scout Fee (one-time)	\$ _____		\$ _____
Out-of-Council Fee	\$ _____	\$ _____	\$ _____
Financial Aid Requested	\$ _____	\$ _____	\$ _____
Total Deposit Enclosed	\$ _____	\$ _____	\$ _____

PAYMENT METHOD

Amount Enclosed \$ _____

A minimum \$150 deposit is required for each session

Cash Check/MO VISA MC AMEX DISC

Rewards Card # _____

Charge the deposit only to my credit card

Charge the entire amount due when accepted into a program

Camp Champion donation amount _____ (details on page 33)

Account No. _____ Exp. Date _____

(Do not include your credit card number if faxing this form)

I understand that any deposit paid is non-refundable and that the balance is non-refundable within four weeks of the confirmed camp session.

Signature of Cardholder _____

Print Cardholder's Name _____