

# Resident Camp registration form

This form may be used to register for up to two resident camp sessions. To register for more than two resident camp sessions use additional forms. A \$100 (non-refundable if confirmed) deposit is required for each session.

Camper's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Grade in Sept \_\_\_\_\_ Birth date \_\_\_\_\_

Camper's Email \_\_\_\_\_

Registered GS  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.)

**REGISTRATION 1**

Ist Camp Choice \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

2nd Camp Choice \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

3rd Camp Choice \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

**TRANSPORTATION**

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

**Deer Lake:**  Oakland  Concord  Fairfield

**Skylark Ranch**  San Jose  Santa Cruz

**Sugar Pine**  Oakland  Pleasanton

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 \$100 deposit is not refundable after registration has been confirmed. I understand my daughter must have a current physical completed by a Licensed Physician, Physician's Assistant, or Nurse Practitioner under the supervision of a Licensed Physician. I understand that if my daughter is not a registered Girl Scout there is an additional \$12 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: \_\_\_\_\_

Parent/Guardian Signature **(REQUIRED)** \_\_\_\_\_

Date \_\_\_\_\_

Where did you hear about our camps? \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Phone H( ) \_\_\_\_\_ W( ) \_\_\_\_\_

Parent's Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Phone H( ) \_\_\_\_\_ W( ) \_\_\_\_\_

Parent's Cell Phone ( ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Parent's contact information during camp if different \_\_\_\_\_

**REGISTRATION 2**

Ist Camp Choice \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

2nd Camp Choice \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

3rd Camp Choice \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

<b>PAYMENT</b>	REGISTRATION 1	REGISTRATION 2	TOTAL
Total Camp Fees	\$ _____	\$ _____	\$ _____
Non-Girl Scout fee (one-time)	\$ _____		\$ _____
Financial Aid Requested	\$ _____	\$ _____	\$ _____
Total Deposit Enclosed	\$ _____	\$ _____	\$ _____

**PAYMENT METHOD**

Amount Enclosed \_\_\_\_\_

(A minimum \$100 deposit is required for each session)

Cash  Check/MO  VISA  MC  Cookie/Fall Sale Rewards

Charge the deposit only to my credit card

When accepted into a camp program charge the entire amount due.

Camp Champion donation amount: \_\_\_\_\_ (Details on page 28.)

Account # \_\_\_\_\_ Exp. date \_\_\_\_\_

I understand that the \$100 deposit is non-refundable if confirmed and that the balance is non-refundable within three weeks of the confirmed camp session.

Signature of Cardholder \_\_\_\_\_

Print Cardholder's name \_\_\_\_\_