



SUGAR PINE ROUND UP FAMILY CAMP – AMERICANA EDITION - REGISTRATION FORM

RETURN THIS FORM TO:

**GSNorCal- Greater Bay Area, San Jose Office
1310 South Bascom Avenue
San Jose, CA 95128
Attn: Camp Registration
FAX: 408-287-8028**

Contact Name: _____

Email _____

StreetAddress _____

Emergency Contact during the event (NOT attending)

City _____ **State** _____ **Zip** _____

Emergency Name _____

Phone _____

Phone: _____ **Relationship** _____

Family camp opens on Thursday, July 5, and runs four nights closing the morning of Monday, July 9. Check in is between 3pm and 5pm and check out is between 9am and 11am. List your preferred dates; two nights minimum stay required, then select your housing choice. Dates and housing are subject to availability.

Preferred dates	1st Choice	2nd Choice	3rd Choice	Housing Choice NOTE: Fee is per night
Arrival date				Camp Housing – open air cabin, platform tent, or tipi (\$62)**
Departure date				Quick Silver - own tents (\$52)
Total Nights				

**The open air cabins and platform tents have a wooden floor and cots with mattresses. The tipis have a canvas floor and cots with mattresses. All campers must bring sleeping bags and pillows.

	Adult Participants: Full Name (Please list adult in charge first)	Female	Male		Registered Girl Scout?	Troop#	Non-Girl Scout?	
1								
2								
	Child Participants: Full Name	Female	Male	Age	Registered Girl Scout?	Troop#	Non-Girl* Scout?	Relationship to Adult in Charge
1								
2								
3								
4								

*** For additional participants please use another form

Please note: Female groups of 3 or less campers may have the opportunity to share a cabin with another group of similar size and gender.

If images of ALL participants may be used in Girl Scout public relations, check here. Yes ___

If images of some participants may be used, check here and list names of those who do not want their images used:

Yes with conditions ___ Names _____

Family Buddies: List other families you would like to be housed with. Being placed together is subject to availability and is not guaranteed. _____

RESERVATION SUMMARY

Total # campers _____ x total # of nights _____ x fee per person of \$ _____ = Total reservation \$ _____

A non-refundable deposit of \$100 per family is due with each registration form. The remaining balance is due 3 weeks prior to the beginning of camp.

Amount Enclosed: \$ _____ Cash _____ Check _____ MC, VISA, AMEX, Discover _____ Cookie Card _____

____ Charge the deposit only to my credit card

____ When accepted into Family Camp charge the entire amount due

Account Number _____ Exp date _____

Print cardholder's name _____

Signature _____ Date _____

I give permission for all participants listed to attend Family Camp and to participate in all activities unless stated, to be transported out of camp during the camp session for program or other purposes and for emergency treatment to be given in case of injury or illness. I agree to cooperate with all regulations and procedures including the cancellation and refund policies. I understand that the \$100 deposit is not refundable after registration has been confirmed. I understand that if my daughter is not a registered Girl Scout there is an additional \$12 fee; I understand that by participating in Family Camp my daughter will become a member of Girl Scouts. I also understand that a complete Camp Health History Participant Information form will be required for all children and adults.

Exceptions to participation - Please list the name and restriction _____

Contact Signature _____ Date _____

Where did you hear about our Family Camp? _____