



Girl Scouts.

GIRL SCOUTS OF NORTHERN CALIFORNIA
A FAMILY AFFAIR at Hidden Falls
2009 REGISTRATION FORM

RETURN THIS FORM TO:

GSNC-Santa Clara County office
1310 South Bascom Avenue
San Jose, CA 95128
Attn: Camp Registration
FAX: 408-287-8662

Contact Name: \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

Emergency Contact during the event (NOT attending)

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

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

Phone \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Registration is for the following program: A Family Affair \$120 per person (\$100 deposit per family required)

Table with columns for Adult Participants (Full Name, Female, Male, Registered Girl Scout?, Troop#, Non-Girl Scout?) and Child Participants (Full Name, Female, Male, Age, Registered Girl Scout?, Troop#, Non-Girl Scout\*, Relationship to Adult in Charge).

\*\*\* For additional participants please use another form

A non-refundable deposit of \$100 per family is due with each registration form. A bill for any balance will be sent in the confirmation packet.
Amount Enclosed: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Cookie Credit
\_\_\_\_\_ Charge the deposit only to my credit card
\_\_\_\_\_ When accepted into Family Camp charge the entire amount due OR
\_\_\_\_\_ Charge the balance due in equal amounts if confirmed (Check all that apply)
\_\_\_\_\_ 3/1/2009 \_\_\_\_\_ 4/1/2009 \_\_\_\_\_ 5/1/2009 \_\_\_\_\_ 6/1/2009
Account Number # \_\_\_\_\_ Exp date \_\_\_\_\_
Print Cardholder's name \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_

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 \$10 fee; I understand that by participating in Family Camp my daughter will become a member of the 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? \_\_\_\_\_