



GIRL SCOUTS OF NORTHERN CALIFORNIA
SUGAR PINE ROUND UP
FAMILY CAMP

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 _____

Family camp dates range from Tuesday, July 28 through Sunday, August 2. List your preferred dates; two nights minimum stay required, then select your housing choice. Dates and housing preference are subject to availability.

Preferred Dates	1 st Choice	2 nd Choice	3 rd Choice	Housing Choice NOTE: Fee is per night	1 st Choice	2 nd Choice	3 rd Choice
Arrival date				Calico-platform tents (\$57/person)			
Departure date				Trout-platform tents (\$57/person)			
Total nights				Gold Nugget-platform tents (\$57/person)			
				Frog – tipis (\$57/person)			
				Quick Silver – own tents (\$47/person)			

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	Age	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

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 # nights _____ x Fee of \$_____ = Total reservation \$_____

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? _____