

2009 CAMP CEO REGISTRATION FORM

Registration is in progress, avoid disappointment, register quickly.

↓ Fill out completely *in ink* and send with a **\$50 non-refundable deposit**. Balance of camp fee may be refunded only under special circumstances, such as the need to attend summer school or illness that prevents attendance. No refunds will be given once camper is in camp. Refund requests must be in writing.

↓ Payment in full is due **four (4) weeks** prior to the start of camp.

↓ Phone registrations will **not** be accepted.

Mail completed registration and deposit/payment to:

**Girl Scouts of Connecticut
Registration Department
20 Washington Avenue
North Haven, CT 06473
Phone (203) 239-2922
Fax (203) 234-6828**

| | | | | | | | |
|---------------------------------|--|--------------|------|-----------------------|----|---|--------------------|
| Camper's Name | | Troop Number | | Date of Birth (Mo/Yr) | | Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Boy <input type="checkbox"/> Non-Girl Scout | |
| Mailing Address | | | City | | ST | Zip | Grade in Fall 2009 |
| 1 st Guardian's Name | | Home Phone | | Work Phone | | Cell Phone | |
| 2 nd Guardian's Name | | Home Phone | | Work Phone | | Cell Phone | |
| | | | | | | Email | |

| | Name of Camp | Name of Program | Dates | Fee |
|--|---------------|-----------------|-------------------------------|-----------------|
| | <i>Laurel</i> | <i>Camp CEO</i> | <i>June 28 – July 1, 2009</i> | \$195.00 |

Girl Scout Membership Fee (For girls not currently registered as Girl Scouts.) **\$10.00**

| | |
|---|------------------|
| <input type="checkbox"/> Save the postage. I will download my daughter's health forms and confirmation packet from www.gssoft.org . <input type="checkbox"/> I would like to be mailed the health forms and confirmation packet. <input type="checkbox"/> Please send me a financial aid packet. Note: Campers requesting financial aid require a \$20 deposit which is refundable if award is insufficient. | TOTAL FEE |
|---|------------------|

One camper BUDDY (Buddies must indicate each other's name as "Buddy" on their registration forms.)

- I give my permission for my child to participate in all camp activities; most of which are conducted in an outdoor environment.
- I have read the camp flyer and agree to cooperate with all the regulations.
- I am willing to have my child treated by a Nurse or First Aider for minor ailments and by a doctor, when necessary, and agree to transportation to a medical facility or for further medical attention, if necessary.
- The council may reproduce any photo images taken of my child for Girl Scout publicity purposes.
- My child has permission to take scheduled trips out of camp during her camp session.
- **I have read and accept the refund policy on the camp flyer.**

Guardian's signature: _____

Date Signed: _____

| Payment Information | |
|---|---|
| Total Fee will be charged. | <input type="checkbox"/> Enclosed Money Orders (Payable to GSOFCT.) |
| <input type="checkbox"/> Credit Card (Mandatory for online or faxed reservations) | <input type="checkbox"/> Enclosed Check (Payable to GSOFCT.) Note: A \$30.00 fee plus collection costs will be applied to any returned checks. |
| <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX | Payment enclosed |
| Account name as it appears on the card (only necessary for charges) | Balance Due |
| Account number | Expiration date / |
| Signature | |

| Office Use Only | | | | | | | | | | |
|-----------------|--------|---------|----------|------------|--|-------|---------|-------|--------------|----------|
| Pay date | Amount | Check # | Discount | Early Bird | | Staff | Cookies | Other | Program Code | Bus Code |