

# GIRL SCOUTS OF CONNECTICUT

[www.gsofct.org](http://www.gsofct.org) 1-800-922-2770



## FINANCIAL ASSISTANCE - SUMMER CAMP

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

- While funds are available, assistance will be considered on a needs-base.
- Assistance is based on full program fee.
- One program with maximum of 2-weeks will be considered. Longer running programs will be adjusted accordingly.
- This form must accompany the registration form and \$20.00 deposit.
- All recipients agree to send a thank you note after camp. You may request to remain anonymous. Notes may be made available to our donors, or used in other ways deemed appropriate by GSOFACT.

*Mail completed form with camp registration to:*  
**Girl Scouts of Connecticut**  
**Attn: Registration Dept.**  
**20 Washington Avenue**  
**North Haven, CT 06473**  
**Phone (203) 239-2922 Fax (203) 234-6828**

Girl Information						
Girl Name			Grade (2010 – 2011)		Date of Birth	
Mailing Address			City		ST	Zip
Phone ( )	Program Age 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"/> Unknown <input type="checkbox"/> Non scout			Participated in Council Product Sales <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?		
Family Information (Single-parent families should list only the custodial parent.)						
Parent/Guardian Name				Parent/Guardian Email		
Employed by				Title/Occupation		
Parent/Guardian Name				Parent/Guardian Email		
Employed by				Title/Occupation		
Work Phone ( )		Home Phone ( )		Cell Phone ( )		Active duty military parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
# Children	Ages	# Other dependents	Do you receive any of the following? (Check all that apply.) <input type="checkbox"/> AFDC <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Housing subsidy <input type="checkbox"/> Subsidized meals			
Gross Family Income						
<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> \$35,000-\$44,999	<input type="checkbox"/> \$45,000-\$54,999	<input type="checkbox"/> \$55,000-\$64,999	<input type="checkbox"/> \$65,000-\$74,999	<input type="checkbox"/> \$75,000 & above
Please check boxes below for extra expenses which affect your financial needs. <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Education <input type="checkbox"/> Debt <input type="checkbox"/> Single Income <input type="checkbox"/> Loss of Job <input type="checkbox"/> Disability <input type="checkbox"/> Other Please explain:						
Girl's Statement: I want to go to camp because....						
Camp Information (summer camp deducted from invoice)						
Name of Camp	Name of Program	Session Dates	Total Cost of Activity	Amount from Other Sources (i.e. family or applicant)	Amount Requesting	Amount Approved
First Choice						
Second Choice						

I have read the guidelines above, and all of the information I have listed is true and accurate to the best of my knowledge. I will be held financially responsible for any fees not covered by approved financial assistance. I promise to send a thank you note after attending camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you. You will receive a confirmation that a space has been reserved for your camper.**

**A second confirmation will be sent showing your financial assistance award.**

**If you choose not to accept the award and attend summer camp, please notify [registration@gsofct.org](mailto:registration@gsofct.org) immediately.**

**For Office Use Only**

Total amount requested \_\_\_\_\_ Total amount approved \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_

# 2010 SUMMER CAMP REGISTRATION FORM



Girl Scouts.

**Registration is open**

**Some programs fill quickly, avoid disappointment, register early!**

- Fill out completely *in ink* and send with a **\$50 non-refundable deposit** for each Program.
- Payment in full is due **June 4**. Reservations accepted after that date *with full payment*.
- Phone registrations will **not** be accepted.
- Cookie Credits cannot be used towards deposit and are not redeemable online.
- A charge of \$10 will be added for voluntary program changes.

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 2010
1 <sup>st</sup> Guardian's Name		Home Phone		Work Phone		Cell Phone	
2 <sup>nd</sup> Guardian's Name		Home Phone		Work Phone		Cell Phone	
						Email	

**Desired Camp and Session (Only one [1] camp and one [1] program per registration form – Form may be duplicated)**

	Resident	Day	Name of Camp	Name of Program	Dates	Fee
First Choice						
Second Choice						

**Girl Scout Membership Fee** (For girls not currently registered as Girl Scouts, apply one time on earliest registration.) **\$12.00**

**Breakfast Bunch at Candlewood** (As early as 7 AM drop off, includes breakfast) **Fee @ \$50 per week** # of weeks

**Before Camp Care** (As early as 8 AM drop off at Carlson, Katoya, Merrie Wood, Pattagansett) **Fee @ \$40 per week** # of weeks

**Dinner Crowd at Candlewood** (As late as 7 PM pick up, includes dinner.) **Fee @ \$70 per week** # of weeks

**After Camp Care** (As late as 5:30 PM pick up at Katoya, Merrie Wood) **Fee @ \$40 per week** # of weeks

**Optional Day Camp Overnight** (For girls entering 4<sup>th</sup> grade and older in a two week session) **Fee \$15**

- Save the postage. I will download my daughter's health forms and confirmation packet from [www.gsofct.org](http://www.gsofct.org).
- I would like to be mailed the health forms and confirmation packet.
- Day Camp bus service needed - see website for stops. Write stop here. \_\_\_\_\_
- No bus service needed. I will arrange for my child's transportation to and from day camp.

<p><b>Note:</b> If financial assistance is being requested, you must complete the reverse side of this form and submit a \$20 deposit. If financial assistance award is insufficient, the \$20 deposit will be refunded.</p>	<b>Subtotal Fee</b>	
	<b>Deduct Expected Cookie Credit</b> (Form must be submitted to registration department for credit to be applied.)	-
	<b>Deduct Early Bird</b> (Payment made in full prior to April 1, 2010. \$15.00 per day camp session \$30.00 per resident camp session)	-
	<b>I would like to help another child attend camp. Please accept this donation to the camper assistance fund.</b>	
	<b>TOTAL ENCLOSED</b>	

One camper BUDDY (Buddies must sign up for the same camp program and 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 brochure and agree to cooperate with all the regulations.
- I am willing to have my children 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 or video 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 in the camp brochure.**

Guardian's signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Payment Information**

Total Fee will be charged. (Prior to April 1, Early Bird Discount will be applied.)  **Enclosed Money Orders** (Payable to GSOFACT.)

**Credit Card** (Mandatory for online or faxed reservations)  **Enclosed Check** (Payable to GSOFACT.)  
Note: A \$30.00 fee plus collection costs will be applied to any returned checks.

MasterCard  VISA  Discover  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
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