



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

FAMILY CAMP REGISTRATION FORM

- Fill out completely **in BLACK ink** and return along with your **non-refundable payment in full**.
- One family per form.
- You will receive a confirmation in the mail. Payment in full is at the time of registration for camp.
- Phone registrations will **not** be accepted. A charge of \$10 will be added for voluntary program changes.

Mail completed registration and payment to:
Girl Scouts of Connecticut
Registration Department
20 Washington Avenue
North Haven, CT 06473
Phone (203) 239-2922
Fax (203) 234-6828

Adult Contact's Last Name		Adult Contact's First Name		# of family members		# of girls		# of boys	
Mailing Address				City		ST		Zip	
Home Phone		Work Phone		Cell Phone		Email			
How do you prefer to be contacted? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email						Emergency Contact/ Phone Number			
First-time campers? Any special needs? Any dietary restrictions?									

Desired Family Camp Opportunity					
Event Name	Name of Camp	Date	Days and Times		
		/ /			
Participants	# Age	# Attending	x Fee/Person		= Total Fee
Girls			X \$		=\$
Boys (Family Camp Only)			X \$		=\$
Adults			X \$		=\$
GRAND TOTAL FEE					=\$

- I certify that all girls and adults participating in the event/activity listed above are registered members of Girl Scouts of the USA or I have included the \$12.00 GSUSA membership dues for each non-member (NM).
- I understand that I or the adults in charge of our family must bring completed adult health history cards or children health history forms for each participant to the event and that no participant will be allowed to stay without this information.
- I am willing to have my family members treated by a Nurse or First Aider for minor ailments and by a doctor when necessary.
- In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director to secure and administer treatment, including transportation and hospitalization, for the persons named below.
- The council may reproduce any photo images taken of my family members for Girl Scout publicity purposes.
- I have read the camp facilities policies and agree to comply with all the regulations.

Adult's signature: _____

Date Signed: _____

Participant Information (Attach additional names, if needed.) G=GIRL; B=BOY; A=ADULT; NM=NON-MEMBER (Code all that apply.)					
Name (first and last)	G/B/A/NM	Age	Name (first and last)	G/B/A/NM	Age
1			5		
2			6		
3			7		
4			8		

One BUDDY family PLUS number of family members. (Please indicate first and last name of BUDDY family's adult Contact.) (Each BUDDY family must indicate the other BUDDY family's name on its registration form.)

Payment Information			
<input type="checkbox"/> Charge Full Fee Now		<input type="checkbox"/> Enclosed Full Fee Now	
<input type="checkbox"/> Credit Card (Mandatory for online or faxed reservations)		<input type="checkbox"/> Enclosed Check (Payable to GSOFCCT)	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		<input type="checkbox"/> Money Orders (Payable to GSOFCCT)	
Account name as it appears on the card (only necessary for charges)		Expiration Date /	TOTAL GSUSA membership fee at \$12 per person (if applicable)
Account number	Signature		Total Enclosed

Office Use Only				
Pay Date	Amount	Check #		