

# 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, Patagansett) **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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