



Girl Scouts.

2010 SUMMER CAMP REGISTRATION FORM

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 st Guardian's Name		Home Phone		Work Phone		Cell Phone	Email
2 nd 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 4th 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.

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.

Note: 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.

Subtotal Fee

Deduct Expected Cookie Credit (Form must be submitted to registration department for credit to be applied.) -

Deduct Early Bird (Payment made in full prior to April 1, 2010. \$15.00 per day camp session \$30.00 per resident camp session) -

TOTAL FEE

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 GSOFC.T.)

Credit Card (Mandatory for online or faxed reservations)

Enclosed Check (Payable to GSOFC.T.)

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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