

# Girl Scouts Heart of the South 2010 Camp Registration Form

T-shirt Size (circle one):    YS   YM   YL   AS   AM   AL   AXL   AXXL   AXXXL

OFFICE USE ONLY

Date Rec'd. \_\_\_\_\_  
 Session \_\_\_\_\_  
 Unit \_\_\_\_\_  
 Conf. Sent \_\_\_\_\_  
 Paid In Full \_\_\_\_\_  
 Camp Fee \_\_\_\_\_  
 Amt. Dep. \_\_\_\_\_  
 Sister \_\_\_\_\_  
 C.D. \_\_\_\_\_  
 F.A. \_\_\_\_\_  
 NS Fee \_\_\_\_\_  
 CAAS \_\_\_\_\_  
 BOSS \_\_\_\_\_  
 Bal. Due \_\_\_\_\_

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**Please Type or Print With a Ball Point Pen**

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Grade Next Fall \_\_\_\_\_ School \_\_\_\_\_

Girl Scout Troop # \_\_\_\_\_  Non-Girl Scout (add \$50)     Out-of-Council Girl Scout (add \$10)

This will be my # \_\_\_\_\_ year at Camp

Registration for Adult attending:     Brownie Break-Out     Daisy Daze     Junior Jamboree     Momma Mia

Name of **one** Camp Buddy \_\_\_\_\_ (Camp Buddy must be attending the same session)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Father's Email Address \_\_\_\_\_

Person (other than parent) to notify in case of emergency if parent cannot be reached:

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Dietary Limitations/Special Needs \_\_\_\_\_

Do you qualify for:     Camp Credit \$ \_\_\_\_\_     Sister Plan     Bring One Save Some     Come Again & Save

List Name(s) for discount programs: \_\_\_\_\_

**Please list first, second and third choices**

(Make sure the programs you select coincide with the grade your daughter will be in the Fall of 2010.)

	Session Name	Date	Camp Name
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

My daughter has permission to participate in all camp activities except for the following: \_\_\_\_\_

I have read the camp brochure and understand and agree to cooperate with all camp regulations. I understand the registration fee is refundable only if the camp cannot accommodate the camper. The remaining fee must be paid **at least 3 weeks** prior to the session registered for. I understand that every reasonable and customary precaution will be taken to assure the safety for everyone. In case of illness or injury, I authorize the camp to call a physician at my expense. I grant permission for Photographs of my daughter to be used for publicity purposes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

The following person has permission to pick up this camper:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Do you wish to apply for

- Financial Assistance
- CIT Scholarship
- Pat "Robin" Dows Endowment for EG Session (TAW Only)

Campership Application will be mailed upon receipt of registration form

Method of Payment:

- Check     MasterCard     Visa

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Calculate Your Fees**

Add:	Subtract:	
\$ _____ Session Fee (listed on session summary)	\$ _____ Less Sister Discount	\$10.00
\$ _____ Non-Member Fee    \$50.00	\$ _____ Less Bring One Save Some	\$10.00
\$ _____ Out of Council Fee    \$10.00	\$ _____ Less Come Again & Save	\$20.00
	\$ _____ Less Deposit Included	\$40.00
<b>\$ _____ Sub-Total Fees</b>	<b>\$ _____ TOTAL BALANCE DUE</b>	<b>(must be paid 3 weeks prior to session)</b>

**Return this form with your \$40.00 Registration Fee to: Girl Scouts Heart of the South, Camp Registrations, P.O. Box 1087, Tupelo, MS 38802**