girl scouts of connecticut

2011 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 deposit** for each Program.
Payment in full is due **June 3.** 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 D B J C S A Boy Non-Girl Scout

Mailing Address	City	ST	Zip	Grade in Fall 2011

1st Guardian's Name	Home Phone	Work Phone	Cell Phone	Email
2nd 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 or Day	Name of Camp	Name of Program	Dates	Fee
Day	**Clatter Valley DC**	**Happy Birthday Juliette!**	**July 18-23**	
Girl Scout Membership Fee (For girls not currently registered as Girl Scouts, apply one time on earliest registration.)				**$12.00**
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.

☐ I would like information about volunteering at camp.

Note: If financial assistance is being requested, you must complete the reverse side of this from 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 Camp Discount (Payment made in full prior to April 1, 2011. $15.00 per day camp session $30.00 per resident camp session)	-
I would like to assist another child attend camp. Please accept this donation to the camper assistance fund.	
TOTAL ENCLOSED	

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 child 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 artwork, 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 GSOFCT.)
Credit Card (Mandatory for online or faxed reservations)	**Enclosed Check** (Payable to GSOFCT.) Note: A $20.00 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