

# GIRL SCOUTS OF CONNECTICUT, INC.

[www.gsofct.org](http://www.gsofct.org) 1-800-922-2770



## 2008 SUMMER CAMP REGISTRATION FORM

- Fill out completely **in BLACK ink** and return along with your **non-refundable deposit** of \$50 for each Camp Program.
- You will receive a confirmation in the mail. Payment in full is due **four (4) weeks** prior to the start of camp. Please consult your camp brochure for complete financial details.
- Phone registrations will **not** be accepted. 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)		Age Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> Boy <input type="checkbox"/> Non-Scout	
Mailing Address			City		ST	Zip	Current Grade (2007-2008)
1 <sup>st</sup> Guardian's Name		Home Phone		Work Phone		Cell Phone	Email
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)**

	Resident	Day	Name of Camp	Name of Program	Dates	Fee
First Choice						
Second Choice						
Third Choice						

**Girl Scout Membership Fee** (For girls not currently registered as Girl Scouts) (Apply one time on earliest registration.) **\$10.00**

<input type="checkbox"/> Transportation to and from Resident Camp Timber Trails check-in on Sunday (\$8.00/person) <input type="checkbox"/> Transportation to and from Resident Camp Timber Trails check-out on Saturday (\$8.00/person) <input type="checkbox"/> Day Camp bus service needed - see brochure or website for towns where available. Specify desired town from list: _____ <input type="checkbox"/> No bus service needed. I will arrange for my child's transportation to and from day camp.	# of riders =  # of riders =	# of riders ( ) x \$8 =  # of riders ( ) x \$8 =	<b>Fee @ \$40 per week during day camp</b> <input type="checkbox"/> Before care at Katoya <input type="checkbox"/> After care at Katoya <input type="checkbox"/> Before care at Carlson <input type="checkbox"/> Before care at Merrie-Wood # of weeks ( ) x \$40 =
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**Pixie/Junior Ranger day care for volunteer camp staff at \$40 per week**

**Subtotal Fee**

**Deduct Expected Cookie Credit** -

**Deduct Early Bird OR Sibling Discount** -

**TOTAL FEE DUE**

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 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**

<input type="checkbox"/> Charge Full Fee Now <input type="checkbox"/> Charge Deposit Now <input type="checkbox"/> Enclosed Full Fee Now <input type="checkbox"/> Enclosed Deposit Now			
<input type="checkbox"/> <b>Credit Card</b> (Mandatory for online or faxed reservations)		<input type="checkbox"/> <b>Enclosed Check</b> (Payable to GSOFC)	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		<input type="checkbox"/> <b>Money Orders</b>	
Account name as it appears on the card (only necessary for charges)		Total Camp Fees	
Account number		Total Enclosed	
Expiration date /		Signature	

**Office Use Only**

Pay date	Amount	Check #	Discount	Early Bird	Family	Staff	Cookies	Other	Program Code	Bus Code
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