GIRL SCOUTS HEART OF MICHIGAN

2013 GSHOM Day Camp Registration Form

girl scouts heart of michigan

1. All information must be complete, including signatures and proper fees. An incomplete form without proper fees will not be accepted and will be returned to the parent/guardian.
2. Camp registration form must be submitted with payment. The Financial Assistance Form, if applicable, must accompany this registration form with a $25 non-refundable deposit. The Financial Assistance Form can be found at girlscoutcamp.org.
3. Make checks payable to GSHOM.
4. E-mail, mail or fax with credit card payment to the Kalamazoo Regional Center, 601 W. Maple Street, Kalamazoo, 49008. Fax: 269-492-1439 Email: campreg@gshom.org.

Camper's Name			Date of Birth
Address		City, State, Zip	
Home Phone		E-mail	
Custodial Parent(s)/Guardian(s) Name(s)	Daytime Phone		Pager/Cell Phone
Registered Girl Scout? ☐ YES ☐ NO (If no, add $20 dues with registration.)		If Yes, 5-Digit Troop Number ____-____-____-____-____	Council Affiliation GSHOM ☐ Yes ☐ No
Grade in Fall 2013	School		
Any medical / allergy / dietary restrictions or special needs?			
Emergency Contact 1 Name		Emergency Contact 2 Name	
Contact 1 Address (Street, City, State, ZIP)		Contact 2 Address (Street, City, State, ZIP)	
Contact 1 Phone (day and evening)	Relationship	Contact 2 Phone (day and evening	Relationship

CAMP SELECTIONS (Please attach an additional Sheet to register for more sessions.)

CAMP NAME	PROGRAM NAME	DATES	PROGRAM FEE	TOTAL DUE
1.				
2.				
			Add non-refundable $20 if not a Girl Scout Member:	+
			*Campership Donation:	+
			TOTAL DUE:	

Register for five day camps and receive your sixth day camp half off! See girlscoutcamp.org for more information.
Offer good April 15 through June 15.

***Share the gift of camp! Your gift of $25 or more helps send a girl to camp.**

PAYMENT OPTIONS

	INDICATE AMOUNT ENCLOSED
☐ Camp Credit or Cookie/Cashew Cash	$
☐ Check/Money Order to GSHOM	$
☐ Cash (walk-in only)	$
☐ Financial Assistance Requested (APPLICATION MUST BE COMPLETED)	$
☐ Visa ☐ MasterCard ☐ Discover	$
Card Number	CSC #
Print Name	Exp. Date
Signature	

How did you hear about GSHOM camp? ☐ Mail ☐ Troop Leader ☐ Friend ☐ Internet ☐ Other: _____

PARENT/GUARDIAN PERMISSION

☐ **PLEASE READ CAREFULLY AND SIGN BELOW.** I have read the camp brochure thoroughly and understand the camp policies and procedures within, including those on fee payment and refunds. I give full permission for my daughter to participate in all activities at camp and away from camp program activities as outlined in this brochure.

☐ I authorize and request the camp health supervisor/camp nurse to provide routine medical care or to secure any necessary emergency medical services by a physician or emergency medical personnel for my daughter. I understand that upon camp arrival, the camp health supervisor has the right to refuse to admit my daughter if she does not meet the acceptable health conditions (i.e., temperature, head lice, contagious disease, etc.)

☐ When participating in Girl Scout activities the registrant maybe photographed for print, videotaped or electronically imaged. Images may be used in promotional materials, news releases and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.I grant permission for use of photos and videotaping of my daughter in Girl Scout publicity.

Parent/Guardian Signature	Date