

2021 Girl Scouts Heart of Michigan Overnight Camp Registration Form



- 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.
- Camp registration form **must** be submitted with a \$50 (\$25 non-refundable) deposit **per camp session**. The Financial Assistance Form, if applicable, must accompany this registration form.
- Balance is due two weeks before camp (three weeks for travel programs).
- Make checks payable to GSHOM.
- Email, mail, or fax with credit card payment to the Ann Arbor Regional Center, 1671 Plymouth Rd, Ste A-4, Ann Arbor, MI 48105, 734-714-3037 FAX, Email: campreg@gshom.org

For Office Use Only		Initial
Batch Date:		
Batch Number:		
Date Entered:		
Conf. Sent:		

CAMPER INFORMATION

Registered Girl Scout? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add \$35 dues with registration.)	If yes, Troop Number	Council Name
Camper's Name		Phone
Street Address		Phone
City, State, Zip		Custodial Parent/Guardian's Email Address(s)
Date of Birth	Grade in Fall 2021	School Name
Custodial Parent/Guardian Name		Phone
Custodial Parent/Guardian Name		Phone

CAMP SELECTIONS IN ORDER OF PREFERENCE

NUMBER OF SESSIONS ATTENDING _____

CAMP LOCATION	DATES	PROGRAM NAME	FEE	= BALANCE DUE
1.				
2.				
3.				
4.				
5.				

Any medical / allergy / dietary restrictions or special needs?
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Add non-refundable \$35 if not a Girl Scout Member:	+
*Campership Donation:	+
TOTAL DUE:	

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

PAYMENT OPTIONS

INDICATE AMOUNT ENCLOSED

<input type="checkbox"/> Council Program Coupons/Cookie Cash/Cashew Cash	\$
<input type="checkbox"/> Check/Money Order to GSHOM	\$
<input type="checkbox"/> Cash (walk-in only)	\$
<input type="checkbox"/> Financial Assistance Requested (APPLICATION MUST BE COMPLETED)	\$
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	\$
Card Number	CSC #
Print Name	Exp. Date
Signature	

PARENT/GUARDIAN PERMISSION

- PLEASE READ CAREFULLY AND SIGN BELOW. I am aware of the camp policies and procedures published on gshom.org. I give full permission for my daughter to participate in all activities at camp and away from camp program activities as outlined therein.
- 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 admittance of 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 may be 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.

How did you hear about Girl Scouts Heart of Michigan camps?

- Mail Troop Leader Friend Internet Other: _____

Parent/Guardian Signature	Date
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2021 Financial Assistance Application for Girl Scouts Heart of Michigan Camp Program Fees



Girl Scouts Heart of Michigan provides financial assistance for registered girl members. This assistance is to help meet the cost of participating in Council Sponsored (facilitated or sponsored by Girl Scouts Heart of Michigan) camp programs including overnight and day camp opportunities.

Financial assistance is granted on need and the availability of funds.

Please submit a separate application for each girl. Be sure all requested information is complete. Return this application with the camp registration for the camp you are requesting assistance. All overnight and day camp applicants are required to pay a \$25 deposit per program. Troop and family camp applicants, please include a \$5 deposit per girl. We encourage applicants to contribute back to the financial assistance fund whenever possible.

All personal information is kept confidential, except the two marketing questions, which may be used to help raise money to increase the number of girls receiving the benefit of Girl Scout camp.

CAMPER / GIRL SCOUT INFORMATION

Date	Troop Number or <input type="checkbox"/> Juliette (Individual Girl Scout)	
Girl's Name		
Daytime Phone	Date of Birth	Grade in Fall 2020
Parent/Guardian's Name		Parent/Guardian's E-mail

PROGRAM INFORMATION

Name of Camp Program	Date of Event	Cost of Event
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Did she participate in the current year Cookie and/or Treats & Read program? Cookie Yes No Treats & Reads Yes No

Has a parent/guardian in the household been unemployed over the past year? Yes No If so, how many months? _____

FINANCIAL NEED STATEMENT – REQUIRED

Please describe reasons that impact your financial need. (Explanations might include school tuition, medical expenses, disability, divorce, death in the family, family emergency or other contributing factors):

MARKETING QUESTIONS - REQUIRED

1. In what ways do you feel the camp experience can help your girl grow?

2. What is your girl most excited about doing at camp this summer?

Number of adults in household?	Number of children (under 18) in household?
Current family/household annual income (salaries/unemployment) \$	Income from additional sources \$ (food stamps, child support, government assistance, etc.)
Amount of financial assistance received between October 1st and September 30th of the current membership year? \$	
Amount the girl herself can pay (allowance/cookie cash) \$	Amount family can pay \$
Amount Requested \$	Deposit Enclosed \$ ((\$25 minimum required for Overnight and Day Camps. \$5/ girl for Troop/Family Camps)

Note: This form MUST accompany the camp registration form for which assistance is requested. Incomplete forms will be returned, delaying the process.

Parent/Guardian's Signature	Date
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FOR OFFICE USE ONLY

Membership ID# _____	Deposit Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
FS _____ IR _____ EC _____	Total _____/\$ _____
Date Received _____	Date Approved _____ Amount Granted \$ _____