

# 2023 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 \$100 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, Fax 734-714-3037, Email: [campreg@gshom.org](mailto: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 2023	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.				

Add non-refundable \$35 if not a Girl Scout Member: +

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

\*Campsip Donation: +

**TOTAL DUE:**

Any medical / allergy / dietary restrictions or special needs?
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## 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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