Kalamazoo Region

Signature

2025 Day Camp Registration Form All information must be complete, including signatures and proper fees. An incomplete form without



work. Please write PA on the form.

- proper fees will not be accepted and will be returned to the parent/guardian.
- 2. Registrations must be submitted with a minimum \$50 non-refundable deposit per session. If applying for financial assistance, please submit the financial assistance form, located at girlscoutcamp.org, along with the registration form and \$50 deposit per camp session requested.
- 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 48105 Fax: 734-714-3037. Email: campreg@gshom.org. If you have questions, call 800-497-2688, we're happy to help!

Cai	mper's Name									Date of Birth					
Address						City, S	City, State, Zip								
Phone						E-mail									
Cu	stodial Parent(s)/Guardian(s)	Name(s)													
Registered Girl Scout? YES NO (If no, add \$45 dues with registration.)						If Yes, 5-Digit Troop #				Council Affiliation Girl Scouts Heart of Michigan Yes No					
Gra	ade in Fall 2025	School	[
An	y medical / allergy / dietary re	estrictions or specia	al 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			ct 2 Pho	ne (d	day and ev	ening) Relationship					
	CAMP SELECTION	NS							PARE	NT/GUA	RDIAN	l PER	MISS	ION	
	Program Name	Dates	Enterin Grade	^{ig} Price	Earl drop- (\$30	off	\$ Due		Please r	read carefule thoroughly	lly and si y and unde	gn belo erstand	w. I have the cam	read the	s and
	Outdoor Exploreers	June 16-20	K-5	\$275	(\$00				refunds.	res within, i I give full p	for my	daughte	r to parti	d cipate	
	MythBusters	June 23-27	K-5	\$275				acti I au nur nec	activities	activities at camp and away from camp program ties as outlined in this brochure. The provide are request the camp health supervisor/camp to provide routine medical care or to secure any sary emergency medical services by a physician or					
	Girls Rule the World*	June 30-July 3	K-5	\$225											np
	Once Upon a Time	July 7-11	K-5	\$275					necessar						
	Think like a Scientist	July 14-18	K-5	\$275					emergency medical personnel for my daughter. I understand that upon camp arrival, the camp health supervisor has the						
	Day Camp Takeover!	July 21-25	K-5	\$275					right to r	right to refuse to admit my daughter if she does r the acceptable health conditions (i.e., temperatur contagious disease, etc.)					et
	The World's Stage	July 28-Aug 1	K-5	\$275											i nec,
	Splish Splash	Aug 4-8	K-5	\$275							tivities the registrant may				
	Program Aid Training	June 23-27	6-8	\$250					Images r	tographed for print, videotaped or electronically imaged. may be used in promotional materials, news releases her published formats for either the local Girl Scout I or Girl Scouts of the USA. The images will be the sole					
	Day Camp Essentials Kit		K-5	\$30											
	Trained PA**		6-12	\$75/week								local Girl Scout Council or Girl Scouts of ssion for use of photos and videotaping			
	*Week 3 exception	\$45 if n	15 if not a Girl Scout Mem				ſ	of my da	ughter in Gi ardian Signatur						
	\$25 early drop-off		(Campership D					Date						-
PA	YMENT OPTIONS	TO MOUNT ENCLOS	UE_												
☐ Cookie Cash ☐ Cashew Cash \$						 ☐ I have attached a Camp Scholarship Form **Share the joy of camp! Your gift of \$25 or 									
☐ Check/Money Order to GSHOM \$				\$						send a girl			o or		
☐ Cash (walk-in only) \$				\$						ssentials K kit is perfec		per. Surr	orise the	m with a	
☐ Scholarship Requested (application must be completed)				\$			(Girl	Scout wa	ter bottle, a patch, and G	Beanie Bo	o stuffe	d animal		
☐ Visa ☐ MasterCard ☐ Discover \$ Card Number \$				CSC #			A				**Traine	d Progra	ım Aides	s, please	
Print Name				Exp. Date			A.				mail, em registrat above, lis	ail, or FA ion to th	X a pap le contac	er ets listed	to