

Troop/Family Camp Registration Form

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 troop leader.
2. This registration form must be submitted with roster and full payment. The Financial Assistance Form, if applicable, must accompany this registration form (one per girl requesting Financial Assistance, as well as a \$15 deposit per girl).
3. Make checks payable to GSHOM.
4. Email, mail, or fax with credit card payment to the Ann Arbor Regional Center, 7050 Jomar Drive, Whitmore Lake, MI 48189
Fax 734-714-3037, Email: campreg@gshom.org

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

Contact/Troop Leader Name	Troop Number	Council Name
Street Address		
City, State, Zip		Phone
Contact/Troop Leader Email Address		
Troop Level ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador		
Any medical / allergy / dietary restrictions or special needs?		

TROOP/FAMILY CAMP SELECTIONS

Please include a roster with registration.

CAMP LOCATION	DATES	PROGRAM NAME	PLATFORM TENT / CABIN	# PARTICIPANTS X FEE	TOTAL
1.			☐ PT ☐ C	# of girls _____ x _____ = # of adults _____ x _____ =	
2.			☐ PT ☐ C	# of girls _____ x _____ = # of adults _____ x _____ =	
3.			☐ PT ☐ C	# of girls _____ x _____ = # of adults _____ x _____ =	

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.

Parent/Guardian Signature	Date
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*Campership Donation: +

TOTAL DUE:

PAYMENT OPTIONS

INDICATE AMOUNT
ENCLOSED

☐ Council Program Coupons/Cookie Cash/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 Girl Scouts Heart of Michigan camps?

☐ Mail ☐ Troop Leader ☐ Friend ☐ Internet ☐ Other: _____



Troop/Family Camp Roster

In order to process your registration, all adults and girls attending this program **MUST** be listed on this roster.

Troop #: _____ Family/Leader's name: _____

Program name: _____

Date: _____

Location: _____

Adults

	Name	Address (street, city and zip)	Email	Female	Male	Phone
1						
2						
3						
4						
5						

Children

	Name	Address (street, city and zip)	Email	Female	Male	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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22						