

Girl Scouts of Western Washington
Resident Camp Registration Form

PM

Check www.girlscoutsww.org for the on-line registration and payment information. Use a separate form for each participant and each additional session she wants to attend. **Complete both sides of this form.**
 Be sure the girl meets qualifications for the program you choose. Please print, and remember to sign on the back.
Return with deposit to: Girl Scouts of Western Washington, 1000 Davis Place, DuPont, WA 98327-8781

Camper's name _____ Birth date (Mo/Yr) _____ Age _____ Grade in Fall 2008 _____
 Parent/Guardian's name _____ Day Phone (____) _____
 Mailing Address _____ Eve Phone (____) _____
 City _____ State _____ Zip _____ e-mail _____

Would you like your confirmation via email? Yes No
 My campers t-shirt size (check box) YS YM YL AS AM AL XL XXL

PROGRAM REQUEST: *Placement in a program is determined by grade level in fall.*

Cabinmate Choice (optional): _____

Note: Two friends will be placed together only if registering for the same program and dates (space allowing). Both registration forms and deposits must be submitted together.

If space is not available for both girls, my preference is to place my child in:

First choice program A program with cabinmate

1st choice: # _____ Program Name _____
 or
 2nd choice: # _____ Program Name _____
 or
 3rd choice: # _____ Program Name _____

Camp St. Albans Transportation Desired:
 \$50 Round Trip \$30 To Camp Only
 \$30 From Camp Only No Thanks

From and/or To:
 Tacoma DuPont Olympia
 Other (see brochure for dates/places available)

 3rd Choice

PROGRAM FEES:	1st Choice	2nd Choice	3rd Choice
Session	\$ _____	\$ _____	\$ _____
Add Transportation	\$ _____	\$ _____	\$ _____
Add Girl Scout Membership \$10	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

PAYMENT INFORMATION: \$25.00 deposit required unless using Cookie Credits or applying for Financial Assistance in the southern counties.

Check here if you are applying for financial assistance in Northern Counties Southern Counties

Check here if you plan to use cookie campership Check here if you plan to use cookie credits

Please see cookie sale and financial assistance information on page 39 of the camp brochure for more details.

Deposit paid by: Visa MasterCard Check: # _____

Please Print Name: _____

Signature of Card Holder: X _____

Account # _____ Exp. Date _____ V Code _____

Resident Camp Registration Form *Side 2*

PARENT / GUARDIAN INFORMATION:

Name _____ Name _____
Day Phone (____) _____ Day Phone (____) _____
Eve Phone (____) _____ Eve Phone (____) _____
e-mail _____ e-mail _____

EMERGENCY CONTACT INFORMATION:

Person to notify if parents cannot be reached: _____
Relationship to Camper: _____
Day Phone (____) _____ Eve Phone (____) _____

GIRL SCOUT MEMBERSHIP:

Girl Scouts of Western Washington requires that all of our campers are currently registered members of Girl Scouts during their stay at summer camp. If you are not currently registered, a \$10 membership fee is required with registration.

Camper is a Currently Registered Girl Scout

Troop # _____ Service Unit # (if known) _____ Girl Scout Council _____

Camper is not currently a member and needs to join Girl Scouts of Western Washington (*see below*).

GIRL SCOUT MEMBERSHIP FORM

Complete ONLY if not currently a registered Girl Scout for the 2007-2008 membership year (10/1/07 - 9/30/08).

I give permission for my daughter/ward, _____ to join Girl Scouting. I have included my \$10 membership fee with this registration and understand that membership fees are sent to the GSUSA national organization and can not be refunded or transferred.

New Member Re-registering Member

School _____ City _____

Parent/Guardian Signature _____ Date _____

CONSENT OF PARENT OR GUARDIAN:

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington resident camp program, I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including off-site activities and related transportation.

I understand that a statement of her good health is required before she may attend camp. As the parent or legal guardian of the above child, I give permission for the above child to be photographed and/or audio/video taped during this event and for the images and/or recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including but not limited to television, newspapers, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or minor's part. I have read the statements above. I understand the information and agree to allow my daughter/ward to participate in camp.

X _____ Date _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN