



Girl Scouts of the Missouri Heartland, Inc.

2010 Summer Camp Registration Form

Girl Scouts.

To register for more than one camp session, please complete a separate registration form for each.

Girl Information

Name _____ 5-Digit Troop Number _____
 Address _____ City _____ State _____ Zip _____
 Registered Girl Scout for 2009-2010? Yes No Birthdate _____ Grade in Fall 2010 _____
 T-Shirt Size: Child M (10-12) L (14-16) OR Adult S (32-34) M (36-38) L (40-42) XL (44-46)

Parent/Guardian Information

Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 E-Mail _____

Emergency Contact Information (person to be notified in case a parent/guardian cannot be reached)

Name _____ Relationship to Camper _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Camp and Program Session Information (Please list program sessions in order of preference.)

	Program Center	Dates	Program Unit Name
1 st Choice	<input type="checkbox"/> Cherokee Ridge <input type="checkbox"/> Finbrooke <input type="checkbox"/> Latonka <input type="checkbox"/> Mintahama		
2 nd Choice	<input type="checkbox"/> Cherokee Ridge <input type="checkbox"/> Finbrooke <input type="checkbox"/> Latonka <input type="checkbox"/> Mintahama		
3 rd Choice	<input type="checkbox"/> Cherokee Ridge <input type="checkbox"/> Finbrooke <input type="checkbox"/> Latonka <input type="checkbox"/> Mintahama		

If a pre-requisite is required for the program session, please list camper's experience and the year completed: _____

Camp Buddy Information

You may list one buddy with whom your camper would like to be placed. Buddies must list each other.

Name _____ 5-Digit Troop Number _____

Parent/Guardian Permission

*I give permission for my daughter/ward to attend camp and participate in all phases of the activities including horseback riding, archery, ropes, and water sports. I have read the camp information and I understand it and agree to cooperate with all the regulations. Attached is the **\$25.00 deposit (non-refundable)**, which is to be applied to the camp fee. The camp staff has permission to seek medical attention for my daughter in the event of an accident or sickness, to administer any prescription drug sent to camp with my daughter or any medication prescribed in the event of an accident or illness, and to administer any non-allergic over-the-counter medicines as needed (such as Tylenol). I give permission for out-of-camp travel which is part of the program. Girl Scouts of the Missouri Heartland has permission to use pictures, slides, and/or audio-video tapes of my daughter taken while she is involved in activities for Council publicity and public relations purposes. **I feel my daughter/ward is prepared for camp**, and understand that, if possible, homesick children will not be sent home, but will be closely observed and helped to overcome the separation anxiety they are experiencing.*

Parent/Guardian Signature _____ Date _____

Summer Camp Program Session Fees

Resident Camp Program Session Fee for 1st Choice Session \$ _____
 Membership Registration Fee (if applicable) \$ _____
SUBTOTAL \$ _____

Summer Camp Discounts and Payment Methods*

Early Bird Registration Discount: \$10 (if applicable – form must be received by 4/1/10) \$ _____
 Family Discount: \$10 per camper (if applicable; limit one per camper) \$ _____
 Girl Scout Cookie Credit (if applicable) (Make sure to include 2-digit security code located on back of card).
 Cookie Credit Gift Card #: _____ - _____ - _____ \$ _____
 500+ Box Seller Program Credit Voucher (if applicable)
 Girl's Name _____ 5-Digit Code (from Program Voucher) _____ \$ _____

Deposit Enclosed (non-refundable) \$ 25.00

- Check or Money Order
- Credit Card (Please complete information below.)
 Credit Card Type: _____ Card #: _____ Expiration: _____
 Name on Card: _____ Signature: _____

Additional Amount(s) Enclosed

Check or Money Order \$ _____
 Credit Card (Please complete information below.) \$ _____
 Credit Card Type: _____ Card #: _____ Expiration: _____
 Name on Card: _____ Signature: _____

TOTAL PAYMENT ENCLOSED \$ _____

Subtract Total Payment Enclosed from Subtotal for BALANCE DUE \$ _____
 (Must be paid at least 30 days prior to the 1st Choice camp session.)

**To apply for financial assistance, please review the Financial Assistance Guidelines and submit a Program Financial Assistance Application with this form. Financial Assistance will only be granted for one session per camper.*

Please return completed form to any Girl Scouts of the Missouri Heartland service center, or fax it to 417-862-4120. Faxed forms must include a Girl Scout Cookie Credit and/or credit card number for payment.

**Girl Scouts of the Missouri Heartland
 Attn: 2010 Resident Camp Registration**

Springfield Administrative Service Center
 210 S. Ingram Mill Rd, Springfield, MO 65802

Dexter Area Service Center
 1420 Girl Scout Way, Dexter, MO 63841

Joplin Area Service Center
 1029 E. 7th Street, Joplin, MO 65801

Cape Girardeau Area Service Center
 1432 Kurre Lane, Cape Girardeau, MO 63701

Jefferson City Area Service Center
 230 Metro Drive, Jefferson City, MO 65109

For Office Use Only

Budget # _____ Check # _____ Date _____ Total Enclosed _____ Staff Initials _____

