

# Resident and Family Camp Registration Form

- Parents/Guardians: Please complete and sign. Type or print legibly. Then mail this form to the Girl Scout Center with **entire** payment. Full payment required at the time of registration.
- If you are requesting financial aid, please complete the campership application and submit with a \$50 deposit at the time of registration.
- A confirmation, including directions will be emailed to address provided. If no email address provided, then confirmation will be mailed.
- Mailing Address: Girl Scouts of Manitou Council, 5212 Windward Ct. Sheboygan, WI 53083

Camper's Name: First _____		Last _____		<b>Please Note: Your confirmation will be sent via email if provided. If there is no email, it will be mailed to address listed on this form.</b>	
Phone ( ) _____		Parent Email _____			
Address _____			Apt. _____	Age _____	Date of Birth MO DAY YEAR
City _____		State _____	Zip _____	Grade in Fall 2012 _____	School _____
Not currently a Girl Scout member? <input type="checkbox"/> Registering now –Please note, girls attending camp must be a registered Girl Scout member. (Include \$20 fee)					
Local Council name if not Manitou: _____				Troop # _____	
Buddy Choice: (if applicable) Place my camper in the same housing with: Name(s): _____ <i>*Please only list names of girls who are registered for the same session and length.</i>				Buddy's grade in Fall 2012 _____	
<b>Complete this row if attending Family Camp Weekend</b> Adult Name: _____				Relationship to Girl Scout _____	
<b>Please List Session Number and Dates</b>				<b>Fee</b>	
				\$ _____	
				\$ _____	
Parent or Guardian: _____			Daytime/Cell phone: ( ) _____	( ) _____	
Parent or Guardian: _____			Daytime/Cell phone: ( ) _____	( ) _____	
Does your camper have a special need (i.e. allergies, dietary, medical, physical, developmental, behavioral, or communication need)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. _____ _____					
To better serve your camper, please explain any accommodations needed. _____ _____					
My camper has permission to have Girl Scout photos and video taken and used for public relations purposes <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Transportation Authorization:</b> Please list at least two adults that will be authorized to transport your camper from Camp Evelyn on closing day and/or for emergency purposes. Parents/Guardians please list yourself if you will be picking up your camper from camp. Photo ID will be required for pick-up.					
1. Name _____ Relationship to Camper _____ Phone # _____					
2. Name _____ Relationship to Camper _____ Phone # _____					
<b>Available Excursion Options (Add. Fees as Shown)</b> Excursions for girls at least 10yrs old who stay 5 nights or more		<b>Camp Evelyn Care Packages</b> <i>*These will be given to your camper on the first day of camp</i>		<b>Weekend Stay Over</b>	
<input type="checkbox"/> Horseback Riding, \$100, Sessions 2, 4, 6, & 8		<input type="checkbox"/> Evelyn Memories, \$35		<input type="checkbox"/> Sessions 4-5, \$100	
<input type="checkbox"/> Caving, \$25, Sessions 5, 6, & 7		<input type="checkbox"/> Camp Friends, \$25		<input type="checkbox"/> Sessions 7-8, \$100	
<input type="checkbox"/> Beach Break, \$30, Sessions 1 & 8		<input type="checkbox"/> Camp Gear, \$15			
<input type="checkbox"/> Ropes Course, \$50, Sessions 5 & 7		<input type="checkbox"/> Birthday Blast, \$25			
		<input type="checkbox"/> Camp T-Shirt, \$13, Include Size: YS-AXXL _____			
<b>Fees (Optional):</b> Excursion \$ _____ Stay Over \$ _____ Camp Store Deposit \$ _____ Camp Care Package \$ _____ Donation* \$ _____ <i>*You may include a donation that will be used to help another girl go to camp.</i>					
<b>Fees (Required):</b> Camp Session \$ _____ Early Bird Discount: Please calculate 15% off camp session if postmarked by April 2 <b>Total:</b> \$ _____					
<b>Method of Payment: Please check all that apply</b> <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Program Credits, card # _____ Amount \$ _____ If paying fee by credit card, complete the following.) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card # _____ Expiration Date: _____ CVS# _____ Amount \$ _____ Signature of Card Member _____ Print name _____					
I have read the Important Information section of the camp catalog and give my permission for my camper to attend and participate in all camp activities. If she is not already a Girl Scout I give permission for her to be registered as a member of Girl Scouts. I understand that the camp fee is non-refundable after registration has been confirmed. Signature of Parent/Guardian _____ Date _____					