

Troop Camp Registration Form

- Please complete and sign. Type or print legibly. Then mail this form to the Girl Scout Center with **entire** payment. Full payment required prior to session.
- If you are requesting financial aid, please complete the financial assistance application at www.gsmanitou.org.
- A confirmation including directions will be emailed to address provided.
- Mailing Address: Girl Scouts of Manitou Council, 5212 Windward Ct. Sheboygan, WI 53083

Advisor's Name: First		Last		Work Phone: ()	
Address			Apt.		Cell Phone: ()
City		State	Zip		Email:
Grade Level: <input type="checkbox"/> Girl Scout Daisy <input type="checkbox"/> Girl Scout Brownie <input type="checkbox"/> Girl Scout Junior <input type="checkbox"/> Girl Scout Cadette <input type="checkbox"/> Girl Scout Senior <input type="checkbox"/> Girl Scout Ambassador					

Troop #		Local Council Name if not Manitou:			
Please select the session you wish to attend:		Number of Adults:	X	\$40.00	= \$
Silly Olympics Troop Camp	<input type="checkbox"/> July 13-15	Number of Girls:	X	\$80.00	= \$
Silly Olympics Troop Camp	<input type="checkbox"/> August 3-5	Number of Adults Beyond Recommended Group Camping Ratios:	X	\$80.00	= \$
Troop Camp with a Twist	<input type="checkbox"/> August 3-5	Early Bird Discount: Please calculate 15% off camp session if postmarked by April 2			TOTAL \$

Please list names of girls that will be attending Troop Camp (attach separate sheet if necessary)

Please list names of adults that will be attending Troop Camp (attach separate sheet if necessary)

Please list any special need (dietary, medical, etc.) that you or any of your campers may have:

Financial Assistance Application for Girls Form(s) attached? Yes No (Check out forms in *Volunteer Essentials* at www.gsmanitou.org)

Please check method of payment and enter amount to be paid: Cash/Check_____ Charge_____ Program Credits_____ Total Fee Enclosed \$_____

If paying fee by charge card, complete the following. Visa MasterCard Discover Card # _____ Expiration Date: _____ Amount \$ _____

CVS # _____ Signature of Card Member _____ Print name _____

If paying fee by program credits, please list the girl's name, program credit card # and amount: _____

I understand that the camp fee is non-refundable after registration has been confirmed.

Advisor's Signature _____ Date _____