

# Camper Registration Form

## Get Outside!! Day Camp 2008

Return registration to: Girl Scout Day Camp, 1708 112<sup>th</sup> Street New Richmond, WI 54017  
 Registration Deadline is: June 9, 2008

Camper Information			
Camper's Last Name, First Name, Middle Initial			
Address:		City:	State: Zip:
Phone:	Grade (Fall 2008)	Age(as of June 1, 2008)	Birthday: (D/M/YY)
Troop number:	Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Buddy's name:(please send registrations together)	
Buddy Age:			
T-shirt size (please select one): <input type="checkbox"/> Child M (8-10) <input type="checkbox"/> Child L (10-12) <input type="checkbox"/> Adult SM <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL			
Parent/Guardian Contact Information			
Custodial parent/guardian name:			
Day phone:	Evening phone:	Cell/Other:	
Email: *All mailings will be sent via email*			
Custodial parent/guardian name:			
Day phone:	Evening phone:	Cell/Other:	
Email: *All mailings will be sent via email*			
REGISTRATION FEES			
(Must be included with registration to be processed) Please make sure to fill out Health history form and return with registration.			
<input type="checkbox"/> Full-time volunteer, no payment enclosed	Program fee - \$90.00	\$	
Not currently a Girl Scout member? Add \$10.00		+ \$	
Cookie dough or cookie cash		- \$	
Total Enclosed: Check payable to "Girl Scout Day Camp"		\$	
Permission			
I give my permission for my camper to attend and to participate in all activities, including overnights which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations including refund of fees. I give permission for my camper to be photographed or recorded and for the service center to use this material for publicity purpose. I give permission for the adult in charge to obtain medical treatment for my camper at area hospital/medical centers. I give permission for my camper, if not currently a member to join Girl Scouts of the USA and have enclosed \$10 membership dues.			
Parent/Guardian Signature: _____			Date: _____