

2008 TROOP CAMP INTEREST FORM

REGISTRATION AND FULL PAYMENT DUE FOUR WEEKS BEFORE SESSION.

Please complete, sign, and mail or bring in to: Girl Scouts of Minnesota and Wisconsin River Valleys, 400 Robert Street South, St. Paul, MN 55107
 Paying by credit card? You can fax forms to: 651-227-7533.

TROOP/GROUP CONTACT INFORMATION - ADULT PARTICIPANT				
Last name:		First name:		Middle initial:
Troop:	Program Age Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior		STUDIO 2B: <input type="checkbox"/> 11-13 <input type="checkbox"/> 13-15 <input type="checkbox"/> 15-17	
Address:		City:	State:	Zip:
Daytime phone:		Evening phone:		
E-mail address:				

TROOP CAMP PARTICIPANTS <i>(attach separate sheet if more space needed)</i>						
NAME - Last, First, M.I.	Age	M/F	Girl	Adult	Home phone	Dietary Restrictions/Medical Concerns

I understand that by registering my troop/group that I give permission for the above listed camper(s) to attend specialty camp and participate in all activities unless otherwise indicated above. I agree to cooperate with all regulations including refund of camp fees. I give permission for my camper(s) to be photographed and/or videotaped for publicity purposes. I understand all girls 5-17, need to be registered Girl Scout in order to attend.

Troop primary contact signature: _____ Date: _____

TROOP CAMP DATES REQUESTED *(please list):*

TROOP CAMP OPTIONS

SELECT A CAMP: <input type="checkbox"/> Camp Northwoods <input type="checkbox"/> Camp Lakamaga	SELECT ACCOMODATIONS: <input type="checkbox"/> Tent Unit - \$5/tent per night <input type="checkbox"/> Cabin Unit - \$20/cabin per night <input type="checkbox"/> Yurts - \$25/yurt per night <input type="checkbox"/> Troop House - \$60 per night	MEAL PLAN: <input type="checkbox"/> \$5/meal per person # of meals needed: _____ <input type="checkbox"/> No meals needed	PROGRAM OPTIONS: <input type="checkbox"/> Staff-led program (includes lifeguards) \$25 per hour for 10 participants Total # of hours requested: _____
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METHOD OF NON-REFUNDABLE DEPOSIT PAYMENT	
<input type="checkbox"/> \$25 non-refundable deposit enclosed <input type="checkbox"/> Check payable to River Valleys enclosed <input type="checkbox"/> Charge my credit card this amount:\$ _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Discover	
Total Balance Due:\$ _____	

Credit Card number:	Exp. Date:
Cardholder's name (print):	
Cardholder's signature:	

- PROGRAMS AVAILABLE AT CAMP LAKAMAGA**
- Archery Arts/Crafts Swimming
 - Canoeing Kayaking Nature
 - Biking Pontoon Ride Team Building
- PROGRAMS AVAILABLE AT CAMP NORTHWOODS**
- Archery Arts/Crafts Swimming
 - Canoeing Kayaking Nature
 - Fishing Team Building

Note to troop leaders: Once the council receives your session request, a camp staff member will contact you regarding specific pricing and availability. Thank you.