

2008 LAKAMAGA CONFERENCE REGISTRATION

Please use one form per participant. You may make as many copies as needed. Return registration and payment no later than **Friday, August 1, 2008**. Some sessions fill fast, so register early. Confirmation statements will be sent out as registrations are received. In early August, you will receive a welcome letter with your workshop placement, meal selections, and additional information. You must be a registered member of Girl Scouts. Please contact us if you need a registration form.

Fax your registration with credit card information to 763-535-7524, or mail with payment to: 5601 Brooklyn Blvd, Brooklyn Center, MN 55429.

Personal Information			
Name:	Nametag (first, last name):		
Address:	City:	State:	Zip:
Home Phone: ()	Work Phone: ()		
Service Unit:	E-mail address:		
Workshop Choices			
Indicate your workshop choices with 1 for first choice, 2 for second choice. For 1½ hour classes, you may choose two for each time slot. You will be contacted if you do not get in your second choice. Craft classes (designated ☞) are limited to two per person.			

SESSION A – FRIDAY AFTERNOON, AUGUST 15

A1 Noon – 4:30 p.m.

CPR/AED – Adult

A2 1:30 – 4:30 p.m.

- Adventure Course
- Canoe Basics
- Compass & Trail Signs
- Explore Lakamaga
- Fitness Course
- Let's go "Dutch"
- Macrame ☞
- Project Wet and Project Wild
- Triple Treat
- When Help is Delayed

A3 1:30 – 3 p.m.

- Adult Recognitions
- Cover Your Assets
- Troop Bonding and Team Building Through Games
- Get Creative with Monkey Fists ☞
- Girls Field Trip and Tour
- Go Green Through Leave No Trace Awareness
- Money Earning for Older Girls
- Stencils ☞
- SWAPS ☞

A4 3 – 4:30 p.m.

- Delegate Forum
- Fitness Yoga
- Girls Cook In
- Old Glory for All
- Outside the Box Activities for Older Girls
- SWAPS ☞

SESSION B – SATURDAY MORNING, AUGUST 16

B1 8 a.m. – Noon

First Aid

B2 8 a.m. – 4:30 p.m.

Canoe Safety Certification

B3 9 a.m. – Noon

- Adventure Course
- Cook It, Camp It, Create It!
- Geocache & Letter Boxes
- Girls Cook-Out*
- Girls Travel - US
- Otter Kits
- Project Learning Tree
- Service Unit Manager

* Session ends at 12:30 and includes lunch

B4 9 – 10:30 a.m.

- Archery for Fun
- Beyond Door to Door
- Canoe/Funyaks Leisure Time
- Friends
- Hungarian Weaving ☞
- Paddle Away
- Beginning Photography
- Service Unit Event Planning
- Silly Songs

B5 10:30 a.m. – Noon

- Archery for Fun
- Canoe/Funyaks Leisure Time
- Girl Scout Brand Voice
- Designer T-shirts ☞
- Fun & Fit to Girl Scout Tunes
- Let's get "knotty"
- Mean Girls/Bullying
- Naturally Fun
- Tie-riffic Totes ☞

SESSION C – SATURDAY AFTERNOON, AUGUST 16

C1 1 – 4:30 p.m.

Canoe Safety Certification Renewal

C2 1:30 – 4:30 p.m.

Leadership Essentials

SESSION D – SUNDAY MORNING, AUGUST 17

D1 8:30 – 9:30 a.m.

- Dining Hall/Kitchen Orientation
- Skills Review for CPR/FA Challenge

D2 8:30 a.m. – 2:30 p.m.

Canoe Safety Certification - Moving Water

D3 9:30 – 11:30 a.m.

- Canoe/Funyaks Leisure Time
- Celebrating Girl Scout Holidays & Songs
- CPR/First Aid Challenge
- Explore the Science Kits
- Fast Start Coach
- Fitness Course
- Girls Sleep In
- Hemp Bracelets ☞
- Jewelry Basics ☞
- Leadership Projects Roundtable
- Beyond Point & Shoot - Intermediate Photography
- Religious Recognitions
- Service Unit Recruiter
- Texting 101
- The Ties That Bind Us Across the Sea
- What to do When You're Alone
- Wiggles & Giggles

Please complete other side of form, including payment information. Your registration will not be processed without payment.

Meals & Special Requests

All meals are included in your registration fee. We need to know how many people to prepare for at each meal, please indicate which meals you will be attending.

- Friday Lunch Friday Dinner Saturday Breakfast Saturday Lunch Saturday Dinner
 Sunday *continental* Breakfast Sunday Lunch

I prefer vegetarian (no meat) meals.

I have specialized dietary requirements. I will bring my own food and store it in a designated location.

Food Allergies:

- I need transportation to the conference. Transportation service is available from the St. Paul Service Center, Friday Aug. 15, and return on Sunday, Aug. 17. Space is limited. All transportation requests must be submitted by Aug. 1.

Accommodation Preference *(Rank choice 1 = first choice, 2 = second choice, etc.)*

Platform Tent Trail Tent Cabin Yurt Troop House Friends Unit *(reserved for volunteers attending individually)*

If you prefer to be in a specific camp unit/building or placed with a buddy or members of your service unit and/or service center, list:

Any other special needs:

I give my permission for the following:

- The adult in charge of an activity may obtain emergency medical treatment on my behalf at a hospital/medical center.

Insurance carrier: _____ Policy #: _____

Date of last Tetanus shot: / /

- I have the following health conditions/allergies (food and medications):

Asthma Diabetes Headaches Seizures Other: _____

Heart Condition (specify): _____ Allergies (specify): _____

- Please list any medications that should be considered in an emergency situation:

Name of medication: _____ dose: _____ reason for taking: _____

Name of medication: _____ dose: _____ reason for taking: _____

Name of medication: _____ dose: _____ reason for taking: _____

Name of Physician: _____ Phone Number: _____

Emergency Contact: _____ Phone: () Cell: () Relationship: _____

Signature: _____ Date: _____

Registration Fees and Grant Information

I am a (check if applicable): Trainer (teaching 1 class) Trainer (teaching 2 classes) Trainer (teaching 3+ classes) Planning Committee Member

- I would like Adult Grant Assistance

Total amount due: _____

Amount I can pay (must include a \$5 non-refundable deposit): _____

Total grant requested: _____

(Grant requests cannot be submitted online)

Full Weekend Conference Fee: **\$50** _____

Conference T-shirt: **\$12** Size: _____

OR Per Day Fee: **\$30 per day** _____

Less grant requested: _____

AMOUNT ENCLOSED: _____

Method of Payment:

- Check or money order payable to River Valleys Charge my credit card

Credit Card Type: Visa Discover MasterCard Amount to Charge: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Please send payment with registration form. When your registration is processed you will receive a confirmation statement in the mail, that includes your workshops and meals. Payment and registrations must be received no later than **August 1, 2008**. All cancellations must be in writing and received no later than Friday, August 1 to receive a refund. No refunds will be given after August 1.