Summer Spectacular Summer Day Camp Registration Form 2012

Camper's Full Name _____ Buddy's Name_____

Parent/Guardian Name _____ Work Phone_____

Parent/Guardian Email Address _____

Home Phone _____ Cell Phone_____

Address _____ City _____ State ____ Zip _____

Please register me for: 1st choice program session name _____ Date _____

2nd choice program session name _____ Date _____

Current Grade to be completed at the time of Session _____ Date of Birth __/__/___

Age at the time of Session _____ Troop/Group #_____ Service Unit _____

School District _____ School _____

Age Level (circle one) DA BR JR CAD SR AM Non-Girl Scout

I am an Out-of-Council Girl Scout: Council Name _____ Troop/Group# _____

My Camper is under the custodial care of (circle one):

Mother Only Father Only Both Parents Guardian

Program assistance is available to help with day camp fees. For more information visit gskentucky.org or contact Rhonda Ritzi, day camp specialist at 800-716-6162, rritzi@gswrc.org.

Day Camp Volunteer (circle days you can help at camp) M T W T F Session Date _____

Volunteer Name _____ Volunteer Email Address _____

Phone (Day) _____ Phone (Evening) _____

Registered Girl Scout? Yes No Volunteer Criminal Record Check Release Form on file? Yes NO

Payment of Camp Fees

Total Cost of Session	$ 105
Girl Scout Membership ($12, if applicable)	$(+) _____
Total Amount Due	$ _____
Less Deposit ***($25 non-refundable***)	$(-) _____
Less Additional Daughter Discount ($5, if applicable)	$(-) _____
Less Discount for Volunteering (free if volunteering 5 days)	$(-) _____
Less Cookie Dollars	$(-) _____
Less Program Assistance	$(-) _____
Balance	$_____

(due TWO weeks before session starts)

My camper has permission to attend Day Camp and participate in all activities therein. This includes field trips outside the campsite organized and under the supervision of day camp staff. I believe my camper to be physically fit and not exposed to any contagious disease/infections.

I understand the $25 deposit is non-refundable.

_____

Signature of Parent/Legal Guardian

Date_____

Mail your Day Camp Registration Form with deposit, payment, and/or Program Assistance form to:

Summer Spectacular Girl Scout Day Camp 2012, GSKWRC,
607 Watson Rd., Erlanger, KY 41018

PAYMENT INFORMATION

Method of Payment *(check all that apply)*

- ○ Cash/Check (*make payable to: GSKWRC)*
- ○ Money Order (*make payable to: GSKWRC)*
- ○ Cookie Dollars
- ○ Visa
- ○ MasterCard
- ○ Discover
- ○ American Express

Amount $ _____

Acct # _____

Expiration Date _____

Signature _____

Credit Card Customers - *Please supply your complete billing address including zip code.*

_____

_____

_____

V Code ___ ___ ___ This 3-digit code is on the white signature strip on the back of the credit card.