

Day/Twilight Camp Registration

(For Girl Scouts and Non-Girl Scouts)

PLEASE PRINT. Take or mail **Notarized** form and **TOTAL FEE** or complete an Individual Financial Grant Request (see Financial Aid) to location or address on Day/Twilight Camp Chart. **DO NOT SEND TO GIRL SCOUT OFFICES. FEE IS NON-TRANSFERABLE.**

| | |
|-------------------------------|-----------------|
| Camp Fee | \$ _____ |
| If not a Girl Scout, add \$10 | |
| GSUSA Membership Dues | \$ _____ |
| TOTAL AMOUNT | \$ _____ |

Child's Name: _____ Camp Attending: _____ Camp Dates: _____
Last First

Address: _____ City: _____ State: _____ Zip: _____

Parents Email: _____ Birthdate: ____/____/____ Age: ____ Grade in Fall: ____

Closest School Name _____

1) Registered Girl Scout: Troop Number: _____ Service Unit #: _____

2) Non-Girl Scout..... parent/ guardian consents for girl to become a member of Girl Scouts of the USA

(If not a registered Girl Scout, a non-refundable \$10 membership fee must be included with your camp fee and registration form.)

Program Age Level in Fall: Daisy (age 5) Brownie (6-8) Junior (9-11) Cadette (12-14) Senior (15-18)

Is child a: Girl (5-17) Boy Pre-schooler New to Girl Scouts: Yes No

Ethnic (choose one): American Indian/ Alaskan Native Asian/ Pac. Islander Black White

Are you also of Spanish/ Hispanic origin? Yes No

Check which parent/guardian should be contacted first in an emergency:

Mother / Guardian _____ Home Phone:(____) _____ Work Phone:(____) _____ Pager/ Cell:(____) _____

Father / Guardian _____ Home Phone:(____) _____ Work Phone:(____) _____ Pager/ Cell:(____) _____

Person to notify in emergency if parent/ guardian cannot be reached: Name: _____

Home Phone:(____) _____ Work Phone:(____) _____ Pager/ Cell:(____) _____ Relationship to Camper _____

Name of **ONLY One** Buddy (If any): _____

(Buddies must list each other to be placed together. Troops may not be placed together-- contact individual camp.)

T-Shirt Sizes(s): **YOUTH:** M (10-12) L (14-16) **ADULT:** S M L XL XXL (additional cost)

Please check if your child needs special assistance, i.e. dietary, mobility, interpreter, etc. We will make every effort to accommodate all girls where possible. Please explain _____

To assure the best possible camping experience, all Parents/Guardians are expected to attend the pre-camp parents/campers meeting if one is scheduled. See chart Day/Twilight Camp Chart. I give my daughter/child permission to participate in activities at the above named camp/session. I give Girl Scouts of Tejas Council, Girl Scouts of the USA and the United Way the right and permission without compensation to use photographs of my daughter/child and her name for publicity and public relations purposes.

Parent/ Guardian Signature: _____ Date: _____

STAFF USE ONLY: Date Received: _____ Check #: _____ Camp Fee \$ _____
 Health History/ Authorization T-shirt Size: _____ Cash + GSUSA \$ _____
- IFA request \$ _____
Total Paid \$ _____

Complete Both Sides