

**Camp \_\_\_\_\_ 2011**  
*Please only 1 girl per form, form may be duplicated*

You can register online at: [www.gscnc.org/Camps for Non Girl Scouts.html](http://www.gscnc.org/Camps%20for%20Non%20Girl%20Scouts.html)

**FINANCIAL ASSISTANCE:**

Family Can Pay: \$\_\_\_\_\_ Requested Amount: \$\_\_\_\_\_

Please explain reason for need: \_\_\_\_\_

Is she receiving Financial Assistance for another camp?  Yes  No

If yes,  Sleep Away  Day Camp -- Camp name (s): \_\_\_\_\_

Has she attended a Girl Scout Camp in the past?  Yes  No If yes, camp name: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Phone: Day** (\_\_\_\_) \_\_\_\_\_ **Evening:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Phone: Day** (\_\_\_\_) \_\_\_\_\_ **Evening:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

If divorced or legally separated, please indicate the custodial parent(s): \_\_\_\_\_

**Must have information for emergency contact** if parent(s) cannot be reached (please print clearly):

**Name/ Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name/ Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current school attending:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Are you currently registered as Girl Scout?**  Yes  No **Troop #** \_\_\_\_\_

**Bus Transportation** (If your child is in need of bus transportation, please list the bus stop): \_\_\_\_\_

**T-shirt size:** Child:  S (6-8)  M (10-12)  L (14-16) Adult:  S  M  L  XL

*We encourage you voluntarily to provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout movement.*

**The registrant's racial background is:** (Please check as many as apply)  American Indian or Alaskan Native  Asian  
 Black or African American  Hawaiian Pacific Islander  White  Other \_\_\_\_\_

**The registrant's ethnic background is:** (please check one)  Hispanic or Latina  Not Hispanic or Latina

**Parent/Guardian Permission Statements**

The council may use photographs in which my child appears to promote Girl Scouting:  Yes  No

I understand my daughter will become a registered member of Girl Scouts of the USA through participation in this program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Registration is invalid without a parent/guardian signature**

This is an application to attend camp. In order for application to be considered for placement you must complete the health history on the reverse side.

**Complete this form and mail it with payment to:** \_\_\_\_\_