

**GIRL SCOUTS OF MIDDLE TENNESSEE 2009 CAMP REGISTRATION FORM**  
**(FORM CONTINUES ON BACK)**

Complete the entire form. Incomplete forms will not be accepted. Please print legibly. You may also register online at [www.gsmidtn.org](http://www.gsmidtn.org)

**CAMPER INFORMATION**

Camper Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street Apt/Lot # City State Zip Code

Troop #: \_\_\_\_\_ Grade in Fall 2009: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Circle one: Member of Girl Scouts of Middle Tennessee Not a Girl Scout (additional \$30 fee)

Girl Scout from another region (Name of Girl Scout Council): \_\_\_\_\_

Name of sister attending camp: \_\_\_\_\_  
First Middle Last

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
First Middle Last

Relation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Camper confirmation packet will be emailed to the address above.

Check here if you do not have access to e-mail.

Address (if different): \_\_\_\_\_  
Street Apt/Lot # City State Zip Code

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please provide an emergency contact other than a parent. A parent will be called first.

Name: \_\_\_\_\_ Relation to camper: \_\_\_\_\_  
First Middle Last

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CAMP BUDDY**

Submit your camp buddy and your registration form in the same envelope. Each girl must put the other's name in the blank below.

Camp Buddy Preference (Submit one name only. Both girls must register for the same programs.):

Name: \_\_\_\_\_  
First Middle Last

<b>PROGRAM CHOICES</b> (please circle one)	<i>Program Title</i>	<i>Session #</i>
1st Choice: Camp Sycamore Hills Camp Holloway	_____	_____
2nd Choice: Camp Sycamore Hills Camp Holloway	_____	_____
3rd Choice: Camp Sycamore Hills Camp Holloway	_____	_____

(form continues on back)

**PAYMENT CALCULATIONS**

Program Fee	\$ _____
add \$30 Membership Fee (required for non Girl-Scouts)	\$ _____
subtract Less Sibling Discount (\$20)	\$ _____
Total Amount Due	\$ _____
Less Deposit Amount Enclosed (\$100 per session)	\$ _____
(or \$25, the financial assistance deposit)	
Balance due before May 1, 2009	\$ _____

**AUTHORIZATION OF USE OF BANK CARD**

*Use for payment of camp sessions only.*

Please Charge (circle one): Deposit or Full Fee

to my: **VISA** **MasterCard** (Note: VISA and MasterCard are the only credit cards accepted.)

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_

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

Card Holder's Name (as it appears on the credit card): \_\_\_\_\_

Card Holder's Mailing Address: \_\_\_\_\_

	Street Apt/Lot #	City	State	Zip Code
Card Holder's Phone Number: Daytime: ( _____ )				
				Evening: ( _____ )

Camper's Name: _____		
First	Middle	Last

