



2017 SUMMER CAMP REGISTRATION FORM

Girl Scouts of Middle Tennessee | 4522 Granny White Pike, Nashville, TN 37204
Phone: (615) 383-0490 Fax: (615) 460-0238 Email: campforms@gsmidtn.org

PLEASE COMPLETE ONE REGISTRATION FOR EACH SESSION. The deposit of \$100 must accompany each registration.

CAMPER INFORMATION

Camper Name: First _____ Middle _____ Last _____

Mailing Address: Street Apt #: _____ City _____ State _____ Zip _____

Phone: () _____ Grade for Fall 2017: _____ Age: _____ Troop #: _____ Date of Birth: ___/___/___

PARENT / GUARDIAN INFORMATION

Name First: _____ Last: _____

Relation: _____

Parent's Email: _____ *(Camp communication will be sent to this email; including confirmation, reminders and invoices. Please add ecouncil@gsmidtn.org to your email address book.)*

Address: (If different from camper) Street Apt #: _____ City _____ State _____ Zip _____

Daytime Phone: () _____ Evening Phone: () _____ Cell Phone: () _____

PROGRAM CHOICES

1st Choice: Camp Sycamore Hills Camp Holloway Program: _____ Program Dates: _____

2nd Choice: Camp Sycamore Hills Camp Holloway Program: _____ Program Dates: _____

3rd Choice: Camp Sycamore Hills Camp Holloway Program: _____ Program Dates: _____

PAYMENT CALCULATIONS

Program Fee: \$ _____

Non-Girl Scout (add \$50): _____ **Must be registered by December 19 to avoid this fee.*

Subtract deposit (\$100 non-refundable per program): _____

Subtract discount (\$100, \$90, \$65 or \$30) if applicable: _____

TRADING POST DEPOSIT

BALANCE DUE before May 5, 2017: \$ _____

AUTHORIZATION OF USE OF BANK CARD

Please charge: \$ _____ I am paying with: Credit Card (VISA, MasterCard, Discover, American Express):

Credit card number: _____ Expiration date: _____

Signature: _____ Date: _____

Card holder's name: _____

Card holder's mailing address: _____ City _____ State _____ Zip _____

Card holder's phone number: () _____ Evening phone: () _____

GIRL SCOUT INFORMATION

Member of Girl Scouts of Middle Tennessee Not a Girl Scout (additional \$50 fee)

Girl Scout from another region (Name of Girl Scout Council): _____

Name of sister attending camp: First: _____ Last: _____

CAMP BUDDY

Camp buddy preference (We will honor **one** request. Both girls must register for the same session):

First _____ Middle _____ Last _____

T-shirt size: ___ YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL **Final payment is due May 5.**