

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

### Camper Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address (Street, Apt. #): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Grade for Fall 2019: \_\_\_\_\_ Age: \_\_\_\_\_ Troop #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent / Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Parent / Guardian Email: \_\_\_\_\_ (Camp communication will be sent to this email, including confirmation, reminders, and invoices. Please add NoReply@councilalignment as a safe sender.)  
 Address (if different from camper): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

### Program Choices (If using a paper form, please submit a separate form for each camp session.)

**Please double check the program you are registering for reflects the grade your camper is entering in Fall 2019.**

First Choice:  Camp Holloway  Camp Sycamore Hills Program: \_\_\_\_\_ Program Dates: \_\_\_\_\_  
 Second Choice:  Camp Holloway  Camp Sycamore Hills Program: \_\_\_\_\_ Program Dates: \_\_\_\_\_  
 Third Choice:  Camp Holloway  Camp Sycamore Hills Program: \_\_\_\_\_ Program Dates: \_\_\_\_\_  
 Would you like to be contacted if your first choice is unavailable?  Yes  No

### Payment Calculations

Program Fee: \$ \_\_\_\_\_  
 Day Camp Aftercare\* (\$20/week): \$ \_\_\_\_\_  
 Day Camp Transportation\* (\$75/week): \$ \_\_\_\_\_  
 Subtract Deposit (\$100 non-refundable per program): \$ \_\_\_\_\_  
 Subtract Discount (\$90, \$65, or \$30) if applicable: \$ \_\_\_\_\_  
 Trading Post Deposit (\$25-\$40 suggested): \$ \_\_\_\_\_ **Must pay at time of registration.**  
**BALANCE DUE before May 7, 2019:** \$ \_\_\_\_\_ \*Day Camp Aftercare and Transportation only available at Camp Holloway.

### Payment Method (Final payment is due May 7, 2019.)

**Please charge:** \$ \_\_\_\_\_ This is a one-time charge. We do not hold credit card information on file.  
 I am paying with  Credit Card (American Express, Discover, MasterCard, VISA)  Check  Money Order  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Card Holder's Name: \_\_\_\_\_ CVV #: \_\_\_\_\_  
 Card Holder's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Holder's Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

### Girl Scout Information

Member of Girl Scouts of Middle Tennessee  Not a Girl Scout  
 Member of another Girl Scout Council (Name of Council): \_\_\_\_\_

### Camp Buddy Preference (We will honor ONE request. Both girls must register for the same program and date.)

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