

PLEASE COMPLETE THIS FORM TO DEPOSIT MONEY INTO YOUR CAMPER'S TRADING POST ACCOUNT.
This form must be completed and faxed, mailed, or returned to the above address attn: Camp Registrar.

Camper Information

Camper Name: _____

Name of Camp: _____ Camp Holloway _____ Camp Sycamore Hills _____ Both

Camp Program Name: _____ Program Dates: _____

Camp Program Name: _____ Program Dates: _____

Deposit Amount

Campers will visit the Trading Post one time during their stay at a specific time to make selections. Prices range from \$1 - \$25. We have a variety of items including t-shirts, jewelry, toys, water bottles, and much more!

We recommend \$15 - \$40. Deposits may be made prior to camp arrival or on check-in day at the Registration Area. We do not recommend campers have cash on hand during the week at camp. All money must be deposited at check-in.

I would like to pre-deposit this amount for my camper: \$ _____

I would like a portion of this deposit to go toward the purchase of a t-shirt. T-shirt cost is \$12 each.

You may also bring this form and pay at camp check-in. Balances above \$5 will automatically be refunded.

Remaining Balance (less than \$5.00)

Donate to the Counselor Appreciation Fund. *We trust that your camper's experience at Girl Scout Summer Camp will be enjoyable. Tipping of individual staff members is not permitted; however, donations will be used for the staff end of summer banquet and is a wonderful way to show appreciation.*

Refund. *Please check here if you would like a refund of your camper's unspent money.*

Payment Method (This form will not be processed without payment.)

Please charge: \$ _____ *This is a one-time charge. We do not hold credit card information on file.*

I am paying with:

Check enclosed, payable to Girl Scouts of Middle Tennessee. *Please include camper's name and program session on check.*

Credit Card (American Express, Discover, MasterCard, VISA)

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: (_____) _____