

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

Camper Information

First Name: _____ Middle: _____ Last Name: _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Entering Grade for Fall 2020: _____ Age: _____ 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.com** 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 2020.

First Choice: Camp Holloway Camp Sycamore Hills Program: _____ Program Dates: _____

We will do our best to place your camper in her desired program. If there is a waiting list for that program, what would you like us to do?

Place my camper on the waiting list. Place my camper in an alternate program. Contact me.

Second Choice: Camp Holloway Camp Sycamore Hills Program: _____ Program Dates: _____

Third Choice: Camp Holloway Camp Sycamore Hills Program: _____ Program Dates: _____

Payment Calculations

Program Fee: \$ _____
 Day Camp Aftercare* (\$30/week): \$ _____
 Day Camp Transportation* (\$75/week): \$ _____ *Day Camp Aftercare and Transportation only available at Camp Holloway.
 Subtract Deposit (\$100 non-refundable per program): \$ _____
 Subtract Discount (\$65, \$90, or \$100) if applicable: \$ _____
Please review discount dates in the 2020 Camp Guide.
 Those applying for military discount must show proof of duty status.
BALANCE DUE before May 5, 2020: \$ _____ Must pay at time of registration.

Payment Method (Final payment is due May 5, 2020.)

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, Troop #: _____ 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 and request each other.)

First Name: _____ Middle: _____ Last Name: _____