

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 2021: _____ 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 Theme/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 Theme/Program: _____ Program Dates: _____

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

Payment Calculations

Program Fee: \$ _____
Day Camp Transportation (Nashville Service Center) (\$75/week): \$ _____
Subtract Deposit (\$100 non-refundable per program): \$ _____
Subtract Discount (\$65, \$90, or \$100) if applicable: \$ _____

Please review discount dates in the 2021 Camp Guide.
Those applying for military discount must show proof of duty status.

BALANCE DUE before May 6, 2021: \$ _____ Must pay at time of registration.

Payment Method (Final payment is due May 6, 2021.)

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: _____ Troop Number: _____