

4522 Granny White Pike, Nashville TN 37204

Phone: (615) 460-0212 | Fax: (615) 460-0238 | gsmidtn.org

PLEASE COMPLETE ONE REGISTRATION FOR EACH CAMP PROGRAM. A non-refundable deposit of \$75 must accompany each registration.

Camper Information

First Name: _____ Middle: _____ Last Name: _____

Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____

Phone: _____ Entering Grade for Fall 2023: _____ 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 2023.

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

We will do our best to place your camper in the 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 Camp Program: _____ Program Dates: _____

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

Payment Calculations

Program Fee: \$ _____

Day Camp Transportation (Nashville Service Center) (\$95/week): _____

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

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

Please review discount dates on the GSMIDTN website.

BALANCE DUE before May 16, 2024: \$ _____

Payment Method (Final payment is due May 16, 2024.)

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 Request (LIMIT ONE. Campers must register for the same program, be the same Girl Scout level, and request each other.)

First Name: _____ Middle: _____ Last Name: _____ Troop Number: _____