

4522 Granny White Pike, Nashville TN 37204

Phone: (615) 460-0212 | Fax: (615) 460-0238 | [gsmidtn.org](http://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 2024.

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 (\$75 non-refundable deposit): \$ \_\_\_\_\_

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

Please review discount dates on the GSMIDTN website.

Those applying for a military discount must show proof of duty status.

**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: \_\_\_\_\_