



Day Camp Registration Form

Mail or fax completed form to:

Registration Opens March 15, 2010
Registrations Received between March 15 and April 15 will receive a \$10 discount!
Register Online: www.girlscoutsiowa.org

Girl Scouts of Greater Iowa, Attn: Camp Registrar
17015 Hickman Rd., Des Moines, IA 50322
Phone: 800-342-8389 Fax: 515-278-5988

Camper Information				
Camper's Full Legal Name			Phone	
Address		City	State	Zip
Birth date	Grade in Fall 2010	My Daughter is Currently: <input type="checkbox"/> A Girl Scout in Troop: _____ <input type="checkbox"/> Not currently registered as a Girl Scout		Parent Email Address
Parent/Guardian Name		Day Phone	Evening Phone	Cell Phone
Parent/Guardian Name		Day Phone	Evening Phone	Cell Phone
Emergency Contact (other than parent/guardian)		Day Phone	Evening Phone	Cell Phone
Day Camp Session Choice		<ul style="list-style-type: none"> If your camper plans to attend more than one camp session, a separate registration form and deposit are required for each. Please note that if your first session choice is full you will be put in your second choice. If your second choice is full, you will be put into your third choice. If all three are full, you will receive a phone call to choose another session. 		
Camp	<input type="checkbox"/> Joy Hollow <input type="checkbox"/> Sacajawea <input type="checkbox"/> Tanglefoot			
Choice 1	Session Name:		Dates:	
Camp	<input type="checkbox"/> Joy Hollow <input type="checkbox"/> Sacajawea <input type="checkbox"/> Tanglefoot			
Choice 2	Session Name:		Dates:	
Camp	<input type="checkbox"/> Joy Hollow <input type="checkbox"/> Sacajawea <input type="checkbox"/> Tanglefoot			
Choice 3	Session Name:		Dates:	
How did you learn about our camps? <input type="checkbox"/> Online <input type="checkbox"/> Mail <input type="checkbox"/> Troop Leader <input type="checkbox"/> Other: _____				
Payment Information				
Session Fee	Session fee is listed in three tiers next to the session description. Please choose the tier suitable for your family and write that price here.			\$
Non Girl Scout Member Fee	\$12 Girl Scout Registration Fee for non-Girl Scouts. <input type="checkbox"/> Camper is not currently registered as a Girl Scout and I have completed the required information on the second page of this form.			\$
Cookie Dough	Cookie Dough can be used only for the session fee (this excludes the \$30 deposit).			\$
Go-Grant Campership Amount Requested	Registration Form and Go-Grant Application must be submitted together.			\$
Deposit for Session	Minimum \$30 (Cookie Dough CANNOT be used for the deposit) Note: the deposit goes toward the session fee.			\$
Contribution (tax deductible)	Voluntary contribution to help with Go-Grant Scholarships for camp.			\$
Total Amount Enclosed				\$
Check Method of Payment: (Please make checks payable to Girl Scouts of Greater Iowa) <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		Credit Card # (Visa, MasterCard, Discover):		Exp. Date
Print Cardholder's Name:		Cardholder's Signature:		
I understand the \$30 deposit is not refundable after registration has been confirmed. I understand that I must present a current physical (within the last 24 months) if she registers for a camp that is two nights or longer. When participating in Girl Scout camp, the camper may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for Girl Scouts of Greater Iowa or Girl Scouts of the USA.				
Signature of Parent/Guardian:				

Additional Required Information for Non-Registered Girl Scouts

Girl under the custodial care of: (check one)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other (specify): _____
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We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has my/our permission to join Girl Scouts. (We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for Girl Scouts of Greater Iowa or Girl Scouts of the USA. I/We acknowledge that the images will be the sole propriety of either Girl Scouts of Greater Iowa or Girl Scouts of the USA.)

Signature of Parent/Guardian	Date
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Additional Information for All Campers

Buddy for Resident Camp: Name of ONE girl your camper would like to bunk with. Both campers must request each other (try to submit forms together); maximum of two registration forms per envelope. Placement together cannot be guaranteed. More than one buddy cannot be placed.
Buddy Name: _____

T-Shirts: Please indicate the T-Shirt size that your camper would like. Every camper who attends summer resident camp will receive a T-Shirt at no additional charge. Excludes adults. NOTE: If you don't select a size for your camper, one will be chosen for her.

<input type="checkbox"/> Youth M (10-12)	<input type="checkbox"/> Youth L (12-14)	<input type="checkbox"/> Youth XL (16-18)	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult XL	<input type="checkbox"/> Adult XXL
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We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is (please check as many as apply):	Registrant's ethnic background is (please check one):
<input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Hispanic or Latina <input type="checkbox"/> Not Hispanic or Latina	

Release Information

I authorize release of my child to the following people: (photo id required)

Names of Parents or Legal Guardians: _____

Names of people to whom camper may be released: _____

I authorize the camp administration to release my child to the people listed here on this form, or to any emergency contact listed on her other forms. If I cannot be reached in the event of an emergency, I give my permission to the physicians or hospital selected by the camp administration to hospitalize, secure proper anesthesia, order injection, surgery, and do whatever else appears medically necessary for my child. I further give my permission to the camp administration to select physicians or staff to provide routine care for my child, including dispensing medications and providing first aid.

Parent/Guardian Signature (in ink) _____

Date _____

Address of Parent/Guardian (if different from camper's):

