

Resident camp girl registration form

Name of parent/guardian _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Address _____

City _____ State _____ County _____ ZIP _____

Emergency contact:

Name _____ Relationship _____

Primary phone _____ Secondary phone _____

My daughter is under the custodial care of:

 Both parents Mother only Father only Other _____

Camper's name _____ Birth date _____

School _____ Grade in fall _____ Shirt size (specify youth or adult size) _____

Parent permission: I give my daughter, _____, permission to participate in all phases of the Girl Scouts of Central Indiana camp program. I understand the arrangements as stated in the camp information. I will not allow her to attend camp if she has been exposed to any contagious disease, and will notify the camp director if this is the case. In an emergency, when neither I nor the emergency contact person named can be reached, I hereby authorize the camp director to take any action deemed necessary for the best interests of my daughter. I understand that part of the learning experience of camp is living with peers; therefore, there is no visitation during sessions. I give permission for out of camp travel when it is part of the camp program. I give permission for all photos and videos of my daughter at day camp to be used for public relations purposes for Girl Scouts of Central Indiana.

Signature of parent/guardian _____ Date _____

Are you currently a registered member of Girl Scouts of Central Indiana?

 Yes, troop # _____ Service unit _____

 Yes, Juliette (individual Girl Scout)

 No, non-Girl Scout

Out of council

Council name _____

Additional information

(optional for statistical purposes only)

Camper's racial background

 American Indian or Alaskan Native

 Black or African American

 Hawaiian or Pacific Islander

 White

 Other (Specify _____)

Camper's ethnic background

 Hispanic or Latina Not Hispanic or Latina

Program Assistance Grant (PAG) information

Is financial assistance needed? Yes No

If yes, include PAG application and \$20 deposit.

Name of only one friend that you want in your unit

Requests must be mutual! Request for more than one buddy and requests that go in a circle will not be honored.

Last _____ First _____

Grade in fall _____

Special needs

This includes religious, dietary, mental, physical, and emotional needs. Yes No

If yes, please elaborate _____

Registration information

Register by mail

✉ **Mail the completed registration form to:**
Girl Scouts of Central Indiana
Attn: Program Registration
7201 Girl Scout Ln Indianapolis, IN 46214

Register by fax

📠 **Send the completed form and credit card information to:**
Attn: Program Registration at 317.931.3346

Resident camp individual registration form continued

Please check if you need disability accommodations under the American Disabilities Act

Check one:

Gallahue

Na Wa Kwa

Sycamore Valley STEM Resident Camps

IU Resident Camps

Session selection

1 choice

Session name _____

Date _____

2 choice

Session name _____

Date _____

3 choice

Session name _____

Date _____

Fifty percent of payment is due at time of registration. Remaining balance is due one month prior to attending camp. If applying for the Program Assistance Grant, \$20 must be submitted at time of registration. All registrations without payment will be returned without being processed.

Bus transportation for Gallahue (\$40 per session)

Note: Bus transportation for resident camp is only available for Camp Gallahue.

Do you need bus transportation? Yes No

If yes, please indicate bus stop preference and whether you need one-way or round-trip transportation

Note: There is a minimum of four girls required for a bus to pick them up and take them to and from camp. If there are not enough girls to order a bus, we will contact you:

One-way

To camp

From camp

Round trip

Bus stop (check one):

Girl Scout Service Center at Kokomo (G1)

Meijer at Lafayette (G2)

Flying J Truck Stop, Spiceland (G3)

Girl Scout Service Center at Terre Haute (G4)

Nora Elementary School, northside Indpls (G5)

Girl Scout Service Center at Indianapolis (G6)

O'Malia's Food Market, southside Indpls (G7)



Payment information:

MasterCard Visa American Express Discover

(American Express, Discover can not be used for online registration. Registration must be completed on paper registration form.)

Card number _____ Expiration date _____ Amount to be charged \$ _____

Name of credit card holder _____ Signature _____



Note: No refund will be given for any amount below \$5.

Visit our website for online registration • girlscoutsindiana.org

Additional forms are available at any Girl Scout service center, by calling 317.924.6800 or 855.GSCIN.4U, on our website at girlscoutsindiana.org, or forms may be duplicated.

For office use only

Receipt to:

10-5230-300-2700-XXXX-200 (Gallahue)

10-5230-300-2700-XXXX-210 (Na Wa Kwa)

10-5230-300-2700-XXXX-220 (Sycamore Valley)

10-5200-300-2808-XXXX (G.E.M.S.)

10-5230-300-2750-XXXX-190 (IU Res & Journey U.)

\$20 Program Assistance Grant \$ _____

\$35 Non Girl Scout Fee \$ _____

Session Fee \$ _____

Total Amount Due \$ _____

Round up \$ _____

Amount enclosed \$ _____

Cash

Check # _____

Charge

Round Up to help a girl come to camp!