



Girl Scouts.

# DAY AND RESIDENT CAMPS

## Application for Registration (one per camp)

Para información en español llame al (619) 610-0785

**PARENTS/GUARDIANS: Please type or print legibly, complete, sign, and mail with deposit.**

Camper's name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Troop # \_\_\_\_\_  
MM/DD/YYYY

Parent or guardian name: First \_\_\_\_\_ Last \_\_\_\_\_ Day phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

**REQUIRED: Name of person to contact in an emergency if no one can be reached at the above phone numbers. (Do not list parents or guardians.)**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Day phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Place with "friend" (one name only). Both applications must list each other and be mailed together in the same envelope (see page 4).

Friend's name \_\_\_\_\_

Place my camper separately if unable to be placed with friend.

**Does your camper have a special need (dietary, medical, etc)?**  Yes  No  
If yes, please describe: \_\_\_\_\_

**My camper has permission to have photos and video taken for public relations purposes.**

Yes  No

**For new Girl Scouts only:** Girl Scouts, a voluntary, private organization, is open to all girls between the ages of 5 and 17 who make the Girl Scout Promise, accept the Girl Scout Law (see inside back cover) and pay \$10 annual membership dues. This camper has my permission to join Girl Scouts.

Parent or guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

DAY CAMPS			
Session Name	Session #	Dates	Fee
1st Choice _____	_____	_____	_____
2nd Choice _____	_____	_____	_____
DAY CAMP ONLY			
T-shirt size			
Child <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L			
Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
If camper is the child of a day camp volunteer (COV), enclose Camp Volunteer Application (page 45) and indicate either <input type="checkbox"/> girl <input type="checkbox"/> boy <input type="checkbox"/> preschool			

RESIDENT CAMPS			
Session Name	Session #	Dates	Fee
1st choice _____	_____	_____	_____
2nd choice _____	_____	_____	_____
RESIDENT CAMP ONLY			
My camper will be taking the bus: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bus location: <input type="checkbox"/> Balboa <input type="checkbox"/> Escondido			
(South County) (North County)			
I would like to volunteer as a bus chaperone: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### AMOUNT ENCLOSED

Deposit (\$50 per camp) or full camp fee \$ \_\_\_\_\_

GSUSA annual membership fee of \$10 (if applicable) \$ \_\_\_\_\_

Donation to help send another girl to camp

\$30  \$50 \$ \_\_\_\_\_

\$100  Other \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Amount of financial assistance requested \_\_\_\_\_

(If applicable complete financial application on back.)

Applications are processed on a first-come, first-served basis, beginning when deposit is received.

Make checks payable to:  
Girl Scouts, San Diego-Imperial Council, Inc.

Mail this form and deposit to:  
Girl Scouts, San Diego-Imperial Council, Inc.  
Resident Camp Registrar  
1231 Upas Street  
San Diego, CA 92103-5199

**METHOD OF PAYMENT**

Check enclosed  Credit Card

Account # \_\_\_\_\_ Exp. date \_\_\_\_\_ Amount \_\_\_\_\_

Cardholder name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Or fax to: (619) 298-2031  
(Fax must include credit card information.)