

2009 RESIDENT CAMP REGISTRATION

Registration begins February 23, 2009

Mail registration form along with deposit to:

Girl Scouts –Diamonds of Arkansas, Oklahoma and Texas, Camp Registration, 2080 E Joyce Blvd Fayetteville, AR 72703

***Please use black or blue ink**

Camper's Name _____ Age _____ Date of Birth _____ School Grade Entering _____

Name of Parent/Guardian _____ (H Phone) _____ (C Phone) _____

Address _____ (W Phone) _____

City _____ State _____ Zip _____ E-Mail _____

Additional person to contact in case of emergency if parent/guardian cannot be reached: (Please make sure the person is aware he/she is your emergency contact)

Name _____ Telephone _____ Relationship to camper _____

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Program Choice: If you are planning on attending more than one session, please submit separate registration forms for each one.

	NAME OF CAMP	SESSION NAME	HOUSING PREFERENCE (not available for all sessions)	DATES
<u>EXAMPLE</u>	Camp Storeywood	Fire Flies	Platform Tents	JUNE 22-27

1st choice _____

2nd choice _____

3rd choice _____

Optional: Name of **ONE** friend to be placed with _____
(Registrations must be mailed together)

T-Shirt Size: (included in camp fee, one per summer) YS YM YL S M L XL 2XL

Previous camping experience: (please state number of trips & length of each):

Day Camp _____ Troop Camp _____ Resident Camp _____

Registered Girl Scout / Non-Registered Girl Scout : Please check one option

Registered Girl Scout. A \$25.00 deposit per session must be enclosed. The deposit is non-refundable and will be applied to the cost of the camp session.

Your daughter's troop number must be provided to validate this option. Troop # _____ Council _____

Not a currently registered Girl Scout. A \$25.00 deposit per session must be enclosed along with a \$10.00 non-registered fee.

Your deposit is non-refundable and will be applied to the cost of the camp session. The \$10 non-registered is also non-refundable.

Complete back of form

Help a girl go to camp!

___ Yes! I would like to help a sister Girl Scout attend camp.

___ \$200. Pays for a 6-day session.

___ Other Amount. \$ _____

Payment Summary: Please complete the following:

Session fee	\$ _____	Check/ M.O. enclosed	\$ _____
Non-Girl Scout fee	\$ _____	Cookie Bucks enclosed	\$ _____
Sister Girl Scout support	\$ _____	Total amount enclosed	\$ _____
Total amount due	\$ _____		

Please bill my credit card: \$ _____ (No less than the Required Deposit Amount.)

MC ___ Visa ___ Account. No _____ Exp. Date _____

Signature _____ Date _____

Important Health Note: On camp arrival day, the camp medical personnel have the right to refuse to admit a girl to the camp who does not meet the acceptable health conditions e.g. temperature, contagious diseases, etc. We advise that parents check camper for head lice and/or nits two or three days before camp. Girls will not be allowed to remain at camp if lice are detected during check in procedures. We do not give refunds to those who cannot stay due to lice.

PARENT PERMISSION: We give our full permission for daughter/ward _____ to attend camp and participate in all phases of the activities. We understand and agree to comply with the policies and regulations of the camp. We are willing to have our daughter transported to and be treated by a physician if necessary. I hereby authorize the Girl Scouts – Diamonds or Arkansas, Oklahoma and Texas to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, I understand that my family health insurance will provide primary coverage for such medical treatment and services, and that the insurer of Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas provides secondary coverage. We also give permission for our daughter to be photographed and further agree to allow the council to use the pictures for publicity purposes. We, the parent/guardian, have read the entire camp brochure. **Attached is a \$25 non-refundable deposit per session, which is to be applied to the camp fee.**

Parent/Guardian Signature _____ Date _____

DISABILITIES/IMPAIRMENTS: Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disabilities or impairments. We use this information to establish appropriate staffing levels and to ensure that potential accommodations are available. Please note below any impairments or disabilities. **All information is confidential.**

FOR OFFICE USE ONLY

Camp/ Session _____ Conf. Sent _____

Total Fee _____
Deposit _____
Bal. Due _____
Cookie Bucks _____

Financial Aid _____
Final Bal. Due _____

Payments:
#1 _____
#2 _____
#3 _____

Balance Due _____

Buddy Patch _____

Questions? Contact your local regional office or visit www.girlscoutsdiamonds.org

Fayetteville
800-299-3914
Little Rock
800-632-6894

Fort Smith
800-848-9662
Pine Bluff
800-776-3007

Jonesboro
800-932-2833
Texarkana
800-788-2151