



Girl Scouts of the Missouri Heartland, Inc.

# Specialty Camp Registration Form

Girl Scout specialty camp registrations will be accepted starting Feb. 2, 2015.

### Specialty Camp Information

Event Name \_\_\_\_\_ Option (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

### Registration Information

5-Digit Troop/Group # \_\_\_\_\_ Service Unit Number \_\_\_\_\_ County \_\_\_\_\_

Age Level  Daisy (K-1st)  Brownie (2nd-3rd)  Junior (4th-5th)  Cadette (6th-8th)  Senior (9th-10th)  Ambassador (11th-12th)

Attending Adult Name (if required) \_\_\_\_\_

*If adult attendance is required to meet girl-adult safety ratios, then the adult(s) with the group will be responsible for bringing a signed parent permission and health history form for each girl attending, as per Girl Scout safety standards, and for keeping the forms with them during the program.*

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Confirmations sent via email unless otherwise requested. Do not attend the program if you have not received a confirmation.)

Parent/Guardian Name (if different than above) \_\_\_\_\_

Email Address \_\_\_\_\_

(Confirmations sent via email unless otherwise requested. Do not attend the program if you have not received a confirmation. )

### Camp Fees (Check program description for pricing.)

# of girls attending: \_\_\_\_\_ x cost per girl: \$ \_\_\_\_\_ = Total girl fees: \$ \_\_\_\_\_

# of adults attending: \_\_\_\_\_ x cost per adult: \$ \_\_\_\_\_ = Total adult fees: \$ \_\_\_\_\_

# of girl/adult Girl Scout membership registrations: \_\_\_\_\_ x \$15 = Total fees: \$ \_\_\_\_\_

Camp T-shirt (please circle sizes and quantities needed) \_\_\_\_\_ x \$10 = Total t-shirt fees: \$ \_\_\_\_\_

Sizes: YS\_\_\_ YM\_\_\_ YL\_\_\_ AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_ A2XL\_\_\_ A3XL\_\_\_ A4XL\_\_\_ A5XL\_\_\_

**TOTAL GIRL AND ADULT FEES \$ \_\_\_\_\_**

### Payment Methods

Cash \$ \_\_\_\_\_

Check(s), made payable to Girl Scouts of the Missouri Heartland, Inc. \$ \_\_\_\_\_

Cookie Credit (if applicable) (Make sure to include 2-digit security code located on back of card).  
Cookie Credit Gift Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

Troop Bucks (if applicable) (Make sure to include 2-digit security code located on back of card).  
Troop Bucks Gift Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

Financial Assistance Application for Program Activities (Financial assistance form must be attached for each person requesting it.) \$ \_\_\_\_\_

Credit Card (Please complete information below.) \$ \_\_\_\_\_  
Credit Card Type: \_\_\_\_\_ **TOTAL ENCLOSED \$ \_\_\_\_\_**

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### Trainings (Please check any that apply.)

CPR/First Aid Certified Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

BOS Trained Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Participants/Attendees**

NOTE: Camp is designed for specific numbers and ages of participants.

First & Last Names of Children (under age 18)	Gender (M/F)	Grade	Age	City	Registered Girl Scout?	Payment Method(s)		
						Fin. Asst.*	Cookie Credit*	Cash/ Check
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
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					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Names of Adults</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>TOTAL</b>						<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Financial Assistance is only available to registered Girl Scout members.  
\*Girl Scout Cookie Credit may only be used to pay for the Girl Scout who earned it.

Please share if any person(s) in troop/group has special needs (e.g., allergies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form, and any applicable camp fees, must be received 2 weeks prior to your camp session. To ensure that your registration is only processed and charged once, please use only one of the following submission methods:

- Fax to 417-862-4120 (must include credit card number for payment)
- Email to [camp@girlscoutsmoheartland.org](mailto:camp@girlscoutsmoheartland.org) (must include credit card number for payment)
- Mail to a GSMH service center
- Walk in to a GSMH service center

For updated service center mailing addresses and hours, please visit [www.girlscoutsmoheartland.org](http://www.girlscoutsmoheartland.org).

**Girl Scouts of the Missouri Heartland, Inc.**

T 877-312-4764 • F 417-862-4120 • [www.girlscoutsmoheartland.org](http://www.girlscoutsmoheartland.org) • [camp@girlscoutsmoheartland.org](mailto:camp@girlscoutsmoheartland.org)

