

GSHPA DSD – DESIGN SQUAD DIVAS DAY CAMP REGISTRATION FORM

Sponsored by grant received from GSUSA, Intel, & PA Dept. of Ed.

For Office Use Only

Date Received: _____ Initials: _____

Amount Rec'd: \$ _____

Financial Assistance Granted: \$ _____

Please print clearly in blue or black ink. One child and one request per registration (photocopy form as needed).

Please fill in all information and mail with payment to:

GSHPA, Attn: Camp Registrar, 350 Hale Avenue, Harrisburg, PA 17104.

Camper's Name: _____ Troop # _____ Girl Scout ID #: _____

Mailing Address: _____

City, state, zip: _____

County: _____ DOB (month/day/year) _____ Age as of June 1: _____

Girl Scout Level (circle): Cadette Senior Grade as of fall 2010: _____

Ethnic Origin (circle): American Indian/Alaskan Native Asian/Pacific Black Hispanic White Other

Check One:

Camper is a registered Girl Scout within GSHPA

Camper is a registered Girl Scout outside GSHPA. If so: Troop # _____ Council Name: _____

Camper is not a registered Girl Scout. **(Additional fee of \$12.00 is enclosed.)** It is understood the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has my permission to join Girl Scouts.

Parent/Guardian Signature: _____

Choose which camp

Electrifying Music	
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Bright, Breezy, Beautiful	
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Busing will be provided from 2 central locations in Lackawanna County for the first day camp and Luzerne County for the second day camp. Please select below if you would require bus transportation to and from day camp. Exact times and locations will be sent out in registration packets prior to the first day of camp.

Electrifying Music – June 28-July 2

<input type="checkbox"/>	Yes, I would like transportation
Town- _____	
<input type="checkbox"/>	No, I will transport my daughter

Bright, Breezy, Beautiful – July 19-July 23

<input type="checkbox"/>	Yes, I would like transportation
Town- _____	
<input type="checkbox"/>	No, I will transport my daughter

Payment Information	Please indicate method and amount of payment sent:	
	Total Day Camp Fee	\$ _____
	Non-Girl Scout Fee (\$12.00 additional)	\$ _____
	TOTAL	\$ _____
	Check # _____ \$ _____	
Money order \$ _____		
Campership applied for (Use financial assistance form) \$ _____		
Visa/Mastercard \$ _____		
Account # _____		
Expiration Date _____ Security code _____		
Authorized Signature _____		

Our child has permission to attend DSD Day Camp and participate in all phases of activities both on and off campus property, including transportation for field trips. She may be photographed for print, video, or electronic imaging. We agree that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. I agree not to hold the Council or its representatives responsible in case of illness, accident or loss.

Mother/Guardian Signature: _____ **Father/Guardian Signature:** _____