



Family Camp Registration Form

Please print clearly in blue or black ink. Please **fill in all information and mail with a non-refundable \$50.00 deposit** to: GSHPA, Attn: Registrar, 350 Hale Avenue, Harrisburg, PA 17104

Contact Information

Registered Girl Scout _____ Troop _____
 Parent 1 _____ Parent 2 _____
 Address _____
 City _____ State _____ ZipCode _____
 Daytime Phone _____ Evening Phone _____

Persons Attending Family Camp

Name	Age	M/F	GSHPA Registered
1) _____			
2) _____			
3) _____			
4) _____			
5) _____			
6) _____			
7) _____			
8) _____			
9) _____			
10) _____			

If the program is full, please:

Return my Registration Place my family on the waiting list

Payment Information

Attendance Total

How many **total** children attending _____ X \$ _____ = \$ _____

How many **total** adults attending _____ X \$ _____ = \$ _____

Total Enclosed _____ = \$ _____

Payment Type			
<input type="checkbox"/> Check	Check #:	Amount Enclosed:	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Account #:	CCV (code on back)		
Expiration Date:	Amount to be charged:		
<input type="checkbox"/> Money Order	Money Order #:	Amount Enclosed:	

I have read and understand the program registration information and have included a troop roster on the back of this registration form. The payment in full is also enclosed with this registration.

Signature _____

Date _____