



2012 Summer Resident and Day Camp Registration Form



IMPORTANT: Please read the registration information beginning on page 5 before completing this form. Mail or fax completed form to the *Champaign Service Center. Registration begins March 14, 2012.* Use a separate form if you plan to attend more than one session.

Camper Information

Camper's Name _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Grade in Fall 2012 _____

Buddy Name _____ Resident Camp Only (limit ONE, buddy registration must be attached - placement is not guaranteed)

Parent/Guardian Information

Parent/Guardian Full Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # Home _____ Cell _____ Work _____

Emergency Contact Information (If Parent/Guardian is not available.) Relation to Camper _____

Contact's Full Name _____

Phone # Home _____ Cell _____ Work _____

Camp Registration (See directions on page 5.) *Tip: List 3 choices to increase chances of placement.*

A separate form MUST be used for multiple sessions

Choice	Session Name	Location	Date	Prerequisite	Fee
1st					
2nd					
3rd					

Day Camp Bus Schedule—Camp Tapawingo only

(\$37 fee, check location if applicable)

Location	Pick-up	Drop-off
<input type="checkbox"/> Wilder-Waite School, Peoria	7:45 a.m.	4:35 p.m.
<input type="checkbox"/> Peoria Service Center	8:25 a.m.	4:00 p.m.

Girl Scout/Non-Girl Scout/Parental Consent

I am willing for my daughter to be a Girl Scout member. My daughter has permission to participate in all activities (including horseback riding, if applicable), off-site outings, and trips associated with this activity, unless noted on her health examination or Health History Form. I will not hold the sponsoring council responsible for loss of personal articles brought to camp. I have read the council policies, registration information, and financial obligations and agree to abide by them. Permission is granted for the area physician, camp health supervisor, or certified first aider to treat my daughter for minor health problems. A health history form must be completed by the parent or guardian for all resident/day camp sessions. A medical examination is required within 24 months prior to her resident camp session.

\$	Resident or day camp session fee
\$	\$12.00 membership fee if not a currently registered Girl Scout
\$	Friday Family Lunch—\$5 per person/limit 2 people per camper (optional) Gift Bags—\$15.00 or \$25.00 (optional—see page 6 for information)
\$	Day Camp Bus fee—if applicable (\$37.00 Camp Tapawingo day camp only)
\$	Optional contribution to Campership Fund
\$	Amount of Cookie Dough to be used for session fee <i>cookie dough #</i> _____
\$	Deposit fee \$25 per camp session (cash, check, money order, MasterCard or Visa enclosed)
Enclosed \$	Non-Refundable deposit fee enclosed (If paying by credit card, please complete the information below.)

If my daughter is released from camp for infractions of policy or procedures, it is my responsibility to transport her home immediately.

I have read the Activity Guide and agree to cooperate with all of its regulations, including times designated for drop-off and pick-up. Please initial

Print Parent/Guardian Name _____ Signature Parent/Guardian _____ Date _____

Charge Card Information

Discover MasterCard Visa Card # _____ CVV# _____ Exp. Date _____

Print Name on Card _____ Signature of Card Holder _____ Date _____

Mail/fax to: Champaign Service Center, 701 Devonshire, Suite B16, Champaign, IL 61820 Ph: 800-328-5112 Fax: 217-328-1548