

SUMMER CAMP REGISTRATION FORM 2020 (page 1)

Register online at hercamp.org



PART 1: PERSONAL INFORMATION

Parent/Guardian Last Name		Parent/Guardian First Name		
Parent/Guardian Last Name		Parent/Guardian First Name		
Address				
City		State	ZIP	
Home Phone	Work Phone	Cell Phone (s)		
Primary Parent/Guardian Email Address				Can we email the confirmation packet and camp forms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Girl's Last Name		Girl's First Name		
Grade in September 2020			Date of Birth	
Address (if different)		City	State	ZIP
Home Phone				
Currently a Girl Scout? <input type="checkbox"/> Yes <input type="checkbox"/> No Troop # (if applicable) _____				
Optional: Buddy's Full Name – only one. <i>(Buddy must be registered for the same camp session and program.)</i>				

PART 2: PROGRAM INFORMATION

1st Choice Camp:			
Program Name:		Dates:	Cost: \$
2nd Choice Camp (if 1st choice is full):			
Program Name:		Dates:	Cost: \$
Day Camp Transportation			
TO CAMP: Bus #	Stop:	FROM CAMP: Bus #	Stop:
Resident Camp Transportation (\$50 each way)			
TO CAMP (check one): <input type="checkbox"/> Boston <input type="checkbox"/> Braintree <input type="checkbox"/> Woburn		FROM CAMP (check one): <input type="checkbox"/> Boston <input type="checkbox"/> Braintree <input type="checkbox"/> Woburn	
ADDITIONAL PROGRAMS OR CAMPS			
1st Choice Camp:			
Program Name:		Dates:	Cost: \$
2nd Choice Camp (if 1st choice is full):			
Program Name:		Dates:	Cost: \$
Day Camp Transportation			
TO CAMP: Bus #	Stop:	FROM CAMP: Bus #	Stop:
Resident Camp Transportation (\$50 each way)			
TO CAMP (check one): <input type="checkbox"/> Boston <input type="checkbox"/> Braintree <input type="checkbox"/> Woburn		FROM CAMP (check one): <input type="checkbox"/> Boston <input type="checkbox"/> Braintree <input type="checkbox"/> Woburn	

PART 3: EMERGENCY CONTACTS

Please list two (2) people to be contacted in case of emergency. (Please make them aware that their name will be used.) We will make every effort to contact the primary caregiver first, then your emergency contacts.

1. _____
 Contact Name Relationship to Girl

Home Phone Work Phone Cell Phone

2. _____
 Contact Name Relationship to Girl

Home Phone Work Phone Cell Phone

PART 4: PERMISSION

I give full permission for my daughter/girl in my care to attend and participate in all camp activities. I agree to cooperate with all regulations, and understand that a deposit is due with registration and all balances are due May 29, 2020. I completely understand that the deposit is NON-REFUNDABLE and NON-TRANSFERABLE.

Yes No

I give full permission for Girl Scouts of Eastern Massachusetts to use any photographs, films and/or sound recordings in which my girl appears for publicity purposes, now and any time in the future, in any media.

Yes No

Signature of Parent/Guardian _____

Date _____

PART 5: AUTHORIZATION TO PICK UP

PERMISSION TO RELEASE: My girl may be released to the following adults only (picture ID is required).

Name	Relationship	Home #	Work #	Cell #

PART 6: PAYMENT INFORMATION

Amount enclosed \$ _____ Check/Money Order (Checks payable to: Girl Scouts of Eastern Massachusetts)

I authorize the following amount to be charged to my: Visa MasterCard Discover \$ _____

Cardholder's Name _____

Card # _____

Expiration Date _____

Cardholder's Signature _____

If there is a credit card on record, it will be charged on May 29, 2020, for the full balance owed. Should full payment not be received by May 29, 2020, your camper will move to the waitlist until payment is received.

This application will not be processed without your deposit.

Mail forms to: Girl Scouts of Eastern Massachusetts, 111 E. Grove Street, Middleboro, MA 02346, Attn: Camp