

Camper Registration

Roseville Girl Scout Day Camp 2017



Please print clearly in dark blue or black ink.

Registration begins March 1st and will remain open until camp is full or until April 1st 2017.

Camper Information

Camper's Last Name:		First Name:		Initial:
Address: (street, city, state, zip)				
Phone:	Grade: (Fall 2017)	Age: (as of June 1, 2017)	Birthday: (MM/DD/CCYY)	
Troop number:	Registered Girl Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No (non-registered, add \$15 reg. fee)	Buddy's name: (please send registrations together)		Buddy Age:
T-shirt size (please select one): <input type="checkbox"/> Child M (8-10) <input type="checkbox"/> Child L (10-12) <input type="checkbox"/> Adult SM <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL				

Parent/Guardian Contact Information

Custodial parent/guardian name:		Day phone:	Evening phone:
Email:			
Custodial parent/guardian name:		Day phone:	Evening phone:
Email:			

Transportation and Fees

Transportation <i>Please let us know if you will be riding the bus to camp by checking one of the boxes below. Bus transportation is included in camp fees.</i> Riding the bus to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate preferred bus stop: ___ Falcon Heights Elementary, Falcon Heights ___ Nativity School, West Summit ___ Parkview Center School, Roseville ___ Vadnais Heights Elementary, Vadnais Heights ___ Wilshire Park/Langton Place, Roseville	Camp Fees (Must be included with registration to be processed)	
	Program fee - \$170.00	
	<input type="checkbox"/> Full-time volunteer	
	Not currently a Girl Scout member? Add \$15	
	Total Enclosed: <i>Check payable to "Roseville Day Camp"</i>	

Permission

I give permission for my camper to attend camp and participate in all activities, including overnights which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations including refund of fees. I give permission for my camper to be photographed or recorded and for the council to use this material for publicity purposes. I give permission for the adult in charge to obtain medical treatment for my camper at area hospitals/medical centers. I give permission for my camper, if not currently a member, to join Girl Scouts of the USA and have enclosed \$15 membership dues.

Parent/guardian signature:

Date:

Return registration to: Roseville Girl Scout Day Camp, P.O. Box 131881, Roseville, MN 55113-0021