GSEWNI Summer Day Camp Registration 2012

1404 N. Ash St., Spokane, WA 99201
(509) 747-8091☼ (800) 827-9478
www.gsewni.org

girl scouts of eastern washington and northern idaho

Girl's Name_____ **Age** _____ **Grade in Fall 2012** _____

Mailing Address _____
Street City State Zip Code

Parent/Guardian Name _____ **E-mail** _____

Home # (_____)_____ **Work #** (_____)_____ **Cell #** (_____) _____

Emergency Contact _____ **E-mail** _____

Home # (_____)_____ **Work #** (_____)_____ **Cell #** (_____) _____

Check One: **Registered Girl Scout?** If YES, please note Troop # _____ **Non-registered Girl Scout** (one-time $12.00 fee) _____

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts Eastern Washington & Northern Idaho Council Summer Day Camp Program, I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including off-site activities and related transportation. I understand that a statement of her good health is required before she may attend.

As the parent/guardian of the above child, I give permission for the above child to join Girl Scouts of the USA, be photographed and/or audio/video taped during this event and for the images and/or recordings to be published, reproduced or distributed by Girl Scouts and its affiliates in all outlets, including, but not limited to television, newspaper, internet, council publications, recruitment materials and ads without liability or limitation or claims on my or minor's part. I have read the above statements, understand the information, and agree to abide by the terms.

_____ _____
Signature of Parent / Guardian **Date**

PARTICIPATION COSTS

Session Number(s): _____

Session Fee: $120.00 per week X ____ Session(s) = **$**_____

$25 per day X_____ **$**_____

Non-Girl Scout Fee $12.00 one time fee **$**_____

Extended Hrs. AM (7:30am to 9:00am) $10.00 per week X ____ Session(s): **$**_____

Extended Hrs. PM (4:00pm to 5:30pm) $10.00 per week X ____ Session(s): **$**_____

Opportunity Fund Scholarships are available. The amount of scholarship granted is based upon financial need and our current available budget. Due to the high volume of requests, not all scholarships may be fully funded. Please allow two weeks to process.
Cookie Dough is an acceptable form of payment.

Payments due by the first day of each session – No Refunds **Total Due** **$**_____

Checks and Money Orders Must Be Payable to GSEWNI $_____ *Cash*, *Personal Check*, *Money Order*, or *Cookie Dough*

Credit Card ( ) *Visa* ( ) *MasterCard* **Card #** _____ **Exp Date** _____**CID#**_____

Signature _____

United Way Partner Agency