girl scouts
of eastern washington
and northern idaho

Camp Four Echoes Registration Form

1404 N. Ash St., Spokane, WA 99201
800-827-9478 or 509-747-8091

www.CampFourEchoes.com

Please use a separate registration form for EACH session to which you are applying

Camper's Name _____ Age _____ Grade in Fall _____

Mailing Address _____

City _____ State _____ Zip _____ E-mail _____

Years camper has previously attended resident camp:

List years attended _____

Parent/Guardian's Name _____ E-mail _____

Home # _____ Work # _____ Cell # _____

Parent/Guardian's Name _____ E-mail _____

Home # _____ Work # _____ Cell # _____

Registered Girl Scout? ❑ No ❑ Yes If registered, Troop # _____

SESSION REQUEST

1st Choice, Session #_____ Name _____

2nd Choice, Session #_____ Name _____

Name of Cabin-mate _____

T-SHIRT SIZE:

Youth: **S** ___ **M** ___ **L** ___

Adult: **S** ___ **M** ___ **L** ___ **XL** ___ **XXL** ___

TRANSPORTATION: Drop off your camper at Camp Four Echoes · Check-In is at 3pm

Pick up Your Camper (Check One) ❑ Camp Four Echoes ❑ Coeur d'Alene, Shopko ❑ Spokane, GSEWNI Program Center

- Check-Out is at 1pm, bus will leave camp at 1:30pm
- Bus fee is $20
- Pick up at Cd'A Shopko is between 2-2:15pm
- Pick up at GSEWNI Program Center is after 3pm

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts Eastern Washington and Northern Idaho Council Resident 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 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 statements above understand the information and agree to abide by the terms.

_____ _____

Signature of Parent/Guardian **Date**

PAYMENT

$ _____ ____Cash____Cookie Dough*__ Check __ Money Order:
payable to: GSEWNI

$ _____ Credit Card Payment _____ Visa _____Mastercard

Name on Card

Card # _____ Exp. Date _____

Print Name _____

Signature _____

*Cookie Dough is money earned by Girl Scouts participating in the GSEWNI cookie program.

NOTE

$50 Deposit REQUIRED at time of registration. Balance of registration fee is due 14 days before start of camp.

Session Fee	$ _____
Transportation	$ _____
Non-Girl Scout, add $30	$ _____
Join Girl Scouts for $15	$ _____
TOTAL DUE	**$** _____