



Girl Scouts of Minnesota and Wisconsin River Valleys

Girl Registration Form

Day camp name: Buffalo/Maple Lake/Montrose Day Camp – **Cruisin' GS Style** Area served: Buffalo/Maple Lake/Montrose
Dates: **July 28, 29, 30** Cost: **\$54.00 per person; overnight add \$6.00 per night**

Girl's Name: _____ Camp Nickname _____ Troop# _____
 (Last) (First) (Ex. My name is Jenny, Camp Nickname "Sunshine")

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Birth date: _____ School grade in **Fall 2010**: _____

Parent/guardian name: _____ Home phone: _____ Work phone: _____

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If a parent or guardian cannot be reached, who may we contact in case of an emergency?

Name: _____ Relationship to camper: _____ Daytime phone: _____

All day camp participants will receive a day camp T-shirt. Please indicate the size your camper will need:
 Child small (6 – 8) _____ Child medium (10 – 12) _____ Child large (12 – 14) _____ Adult small (34 – 36) _____
 Adult medium (36 – 38) _____ Adult large (38 – 40) _____ Adult X-large (42 – 44) _____ Adult XX-large (44 – 46) _____

1st - 6th grades Is there a friend that you would like to be in the same unit with?
 Please list her first and last name _____
Note: Your friend must list you on her form also; otherwise, there is no guarantee that you will be in the same unit.

4th - 6th grades Would you like to camp overnight on Thursday night? Yes _____ No _____
 If yes, can you bring a tent? Yes _____ No _____ The tent can sleep _____ people.

7th - 12th grades Would you like to camp overnight on: Wednesday (Yes _____ No _____) and/or Thursday (Yes _____ No _____) night.
 If yes, can you bring a tent? Yes _____ No _____ The tent can sleep _____ people.

7th - 12th grades: PLEASE mark one of the following that you would like to earn:
 Leadership Pin (**Cadette** _____ **Senior** _____) **OR** Community Service Bar (**Light Blue** _____ **Burgundy** _____ **Green** _____)

Payment (Make Checks to River Valleys & Do NOT send CASH):

Camp	\$54.00	_____
___ Overnight (1 night add \$6.00 or 2 nights add \$12.00)	Amount \$	_____ +
___ Volunteer incentive (subtract \$18, or \$12, or \$6, and/or \$6)	Amount \$	_____ -
___ Individual (not troop) cookie credits (include coupons)	Amount \$	_____ -
___ Campership (financial aid, include application)	Amount \$	_____ -
___ Postmarked by May 31st (subtract \$6.00)	Amount \$	_____ -
	TOTAL \$	_____

For a Campership form visit <http://www.girlscoutsbml.org> and click on Day Camp or call Peggy Hargreaves at 763-682-5772.

Parent or Guardian, please complete the following:
 I give full permission for my camper to attend day camp and to participate in the activities. I have read and understand the day camp information, and agree to cooperate with all regulations. I also give permission for my camper to be photographed for Girl Scout purposes.

Parent Signature _____ Date _____

Please mail registration, payment, cookie credits, and health form to: Rachel Miller
 11179 Church St NE
 Hanover, MN 55341

DO NOT MAIL YOUR REGISTRATION TO THE GIRL SCOUT COUNCIL.