

2007 Camp Singing Hills Registration Form

Note: Please type or print clearly and enclose a \$25 non-refundable deposit for each session of camp. Return with deposit to: Camp Registrar, Girl Scout Council of Cannon Valley, 1025 N Hwy 3, Northfield, MN 55057 or if paying by credit card you can fax to 507-645-6605. **If registering for more than one session please copy this form and fill out separate forms for each.**

Camper Information

Camper's Name (First, MI, Last) _____

Address _____ City _____ State _____ Zip _____

Grade in fall _____ Birthday MM/DD/YY _____ Age at camp _____

I attended Camp Singing Hills between June 18 and August 6, 2006 Yes No

Girl Scout Member Yes, Troop # _____

Council: Cannon Valley Other _____

I am not currently registered as a Girl Scout. I've enclosed an additional \$10 to cover my membership fee. (This *MUST* be done if you are not currently a registered Girl Scout.)

If possible my child would like to be with her buddy _____ (*request MUST be mutual*)

Choice	Name of program	Dates	Program Fee	\$10 GS member Fee	Total Fee	Program dollars ENCLOSED	\$\$ Amount Enclosed
1 st							
2 nd							

Method of Payment:

Check or money order enclosed (Make payable to Girl Scout Council of Cannon Valley)

Charge \$ _____ to Visa MasterCard Discover

Account number _____ Exp Date _____

Name on card _____

Signature on card _____

Parent/Guardian Information

Camper is in the care of: Both Parents Mother Only Father Only Other _____

Name of Custodial Parent(s)/Guardian(s) _____

E-mail address _____

Day Phone _____ Evening Phone _____ Cell Phone _____

I give permission for my camper to attend summer camp and participate in all activities, including trips out of camp, unless otherwise indicated- (please attach.) I have read and understand the summer camp information and agree to cooperate with all regulations. I also give permission for my camper if not currently a member of Girl Scouting, to join Girl Scouts & have enclosed \$10 membership dues. I give permission for my camper to be photographed and

_____ for the council to use the pictures for publicity.

Parent /Guardian signature _____ Date _____

Emergency Contact Information

Person to notify in case of an emergency, if parent/guardian cannot be reached _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Office Use Only

Entered _____
 Updated _____
 Confirmed _____

Would you like your confirmation sent to you by:

Regular mail E-mail