

SCHOOL'S OUT DAY CAMP
REGISTRATION FORM

Child's name: _____ Grade _____

Is the child a Girl Scout? Yes Troop # _____ No (Please add \$10 fee)

Daisy Brownie Junior

Street Address: _____

City, State, Zip _____

Phone number: Home: _____

Parent/Guardian Name: _____

Phone number: Home: _____ Email: _____

Cell: _____ Work: _____

Please indicate where you prefer to be contacted below:

Home Work Cell

Emergency Contact Name/Phone: _____

Please indicate attendance:

Mar. 24 Mar. 25 Mar. 26 Mar. 27 Mar. 28
 Apr. 21 Apr. 22 Apr. 23 Apr. 24 Apr. 25

Sessions: Basic Camp Horse Basic Camp/Horse Tag-a-longs for Boys

a.m. only p.m. only full day

Please indicate child care needs:

7:00-9:00 a.m. 4:00-6:00 p.m. 7:00 a.m. – 6:00 p.m.

Return to: Girl Scouts of the Jersey Shore – 242 Adelpia Road – Farmingdale, NJ 07727

Credit Card Information: Cardholder's Name: _____

Cardholder's Address: _____

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____

For Office Use Only:

Check # _____ Amount \$ _____ Date _____