

# TROOP CAMP REGISTRATION

**Registration begins the 3<sup>rd</sup> weekend in February**

Mail or walk-in registration form along with deposit to one of the following Girl Scouts Diamonds regional offices:

**Cooperate Office**  
11311 Arcade Dr  
Little Rock, AR 72212

**Northeast Office**  
3434 One Place  
Jonesboro, AR 72402

**Northwest Office**  
5506 W Walsh Lane, St 108  
Rogers, AR 72758

Please type or print legibly with blue or black ink.

TROOP NUMBER \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Names of all girls attending	Grade	Shirt Size

Names of all girls attending	Grade	Shirt Size

Names of all adults attending	Grade	Size

Names of all adults attending	Grade	Size

Shirt Size options: YS, YM, YL, AS, AM, AL, AXL, A2XL, A3XL, A4XL

## Camp Sessions

**Program Choice:** Write-in below the information for the camp session(s) of your choice.

	Name of Camp	Session Name	Session Dates	Housing preference (if applicable)
Example	Camp Crossed Arrows	3.2.1... Troop Camp	June 6-8	
<b>Session Attending</b>				

## PLEASE NOTE: SOME CAMP SESSIONS DO FILL

If the session is already full, you will automatically be registered in your second choice.

Second Choice				

## Health Questionnaire

To provide the best possible experience for your troop, we ask that you complete the following questions completely and honestly. All information will be kept confidential.

Does any member of your troop attending have any special dietary needs? Please list the dietary need and the number of people with that need.
Will any members of your troop require activity restrictions with regards to the programming*? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Please review the brochure for details on activities offered.
Please describe any restrictions or accommodations needed:

TROOP NUMBER \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Payment Summary: \*Deposits are \$50 per girl and \$50 per adult. Deposits are non-refundable.**

Non-Girl Scout Membership Fee	\$25.00	X ___ number of people	=	\$ _____ (due with form)
Deposit (girls)	\$50.00	X ___ number of girls	=	\$ _____ (due with form)
Deposit (adults)	\$50.00	X ___ number of adults	=	\$ _____ (due with form)
Send a Girl to Camp Donation	\$ _____		=	\$ _____

**Total Due: \$ \_\_\_\_\_**

Initial Payment: (Deposit MUST be cash/check/money order/credit card)

Check/ Money Order     Cash     Credit Card     Other

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Troop Leader Acknowledgement**

Please initial all the below statements if you understand and agree to comply with each statement. By signing below, as the Troop Leader/Adult in Charge, you attest that this form is complete and all information in this form is accurate.

\_\_\_ I agree to the Girl Scout Safety Guidelines as outlined in Volunteer Essentials, including obtaining parental permission from each girl attending troop camp.

\_\_\_ I understand that due to space limitations and Volunteer Essential guidelines, adults and girls will sleep in separate but close quarters.

\_\_\_ I have attached the **non-refundable deposit per session per person.**

\_\_\_ I understand that the camp medical personnel have the right to refuse to admit a camper to the camp who does not meet the acceptable health conditions e.g. temperature, contagious diseases, head lice, etc. We advise that parents check their daughter/ward for head lice and/or nits two or three days before camp. **The camp director reserves the right to allow parents/guardian to treat the camper on site or refuse admittance due to the presence of head lice and/or nits. Refunds will not be issued due to head lice.**

\_\_\_ I understand that all adults attending the troop/family camp will be required to have a clear background check on file with the council within three years prior to the payment deadline (the Wednesday two weeks before the session start date).

\_\_\_\_\_  
Troop Leader/Adult in Charge Signature

\_\_\_\_\_  
Date

