



Girl Scout Howard County Day Camp

In-Person Registration Thursday, April 2, 2009, 7 pm – 9 pm

Staff Applications due February 28, 2009

If you are applying to work at the Camp, mail your child's application along with yours before the deadline.

For Office Use Only:	
Session 1 _____	Session 2 _____
Check Number _____	
Amount _____	

Camper Application Form for Grades 1-6

Rules for acceptance and participation in the Day Camp are the same for everyone regardless of race, color, age, or national origin.

PLEASE type or print with **BLACK INK**

☐ Session 1 (June 29- July 2) - 4 days this year -

☒ Session 2 (July 6 - July 10)

Camper's Name Kelly Lan Ross		Parent's Name Kenneth W. Ross
Camper's Camp Name (Fun nickname just for camp) – cannot guarantee camper will have her first choice		Parent's E-mail Address thesuperstitions@gmail.com
Street 10735 Judy Lane		City, State Zip Columbia, MD 21044
Phone (include area code please) 410-531-6889		Service Unit # (If unknown give closest elementary school) Clemens Crossing Elementary School
Troop # 739	Date of Birth 1/19/1998	School grade in September 2009 6th
NEXT SCHOOL YEAR, camper will be (check one) <input type="checkbox"/> Brownie <input checked="" type="checkbox"/> Junior		Optional: name ONLY ONE friend the camper would like to be with. (The friend should also put this camper's name on her registration form.)
List all other family members attending this camp:		

T-shirt size -- ABSOLUTELY NO EXCHANGES -- if in doubt, order next larger size. Check:

Children's: ☐ Small (6-8) ☐ Medium (1012) ☒ Large (14-16)

Adult: ☐ Small (32-34) ☐ Medium (36-38) ☐ Large (40-42) ☐ X-Large (44-46) ☐ XX-Large (48-50)

Parent/Guardian Permission Statement: I hereby grant permission for my daughter to attend the Howard County Girl Scout Day Camp in 2009 and authorize the Camp Staff to secure necessary emergency care and treatment for my daughter should the need arise. My daughter is physically able to participate in outdoor activities including hiking on uneven terrain. If she appears ill, I will keep her home **and will notify the camp**. I agree to get my daughter to the bus stop on time and to stay with her until she gets on the bus. I further agree to be at the bus stop at the end of the day to receive her. I authorize the use of photographs or videos taken of my daughter at camp for the purposes of telling the story or promoting the interest of Girl Scouts.

Parent/Guardian Signature

Date **3/25/2009**

No refunds will be given after **June 1, 2009**

Register in person Thursday, April 2 between 7:00 p.m. and 9:00 p.m. at Camp Ilchester, Peterson Center off of Ilchester Rd in Ellicott City.

Register for **ONE** session ONLY for your daughter(s).

If you cannot register in person, you can mail this application to the address below, **postmarked April 2 or later**. Placement will be made on space available basis. You will be notified as soon as possible of your daughter's application status.

Mailing Address: (April 2, 2009 or later):

Girl Scout Howard County Day Camp

PO Box 264

Simpsonville, MD 21150

Your application package must include:

This application form, Health History, Photography Release and Transportation Document. And your check made payable to:

Girl Scout Howard County Day Camp (GSHCDC)

Financial aid may be available – please send an email message to the Business Manager for inquiries.

For additional information visit our Web Site: www.gshcdc.org

GSHCDC Email: gshcdcamp@yahoo.com