

Online Registration is available. If you register online, you do not need to submit this registration form. Please print clearly. Complete all sections. Mail completed form along with a non-refundable \$25 deposit per session to: Girl Scouts of South Carolina–Mountains to Midlands, Inc. 130 Pinnacle Point Court Suite 100, Columbia, SC 29223 or 5 Independence Pointe Suite 120, Greenville, SC 29615. If your daughter plans to attend more than one program session, a separate registration form and deposit are required for each session. Registration opens at noon on February 22, 2015.

Troop # _____

Last Name First Name Middle Name

Address Zip Code City State

Telephone Number (Day) Girl's E-mail Address Age Grade

School Date of Birth Local Girl Scout Council

Parent Information

Mother's Last Name Mother's First Name Mother's E-mail Address

Mother's Address Zip Code City State

() _____ () _____
Mother's Day Telephone Number Mother's Evening or Cell Telephone Number

Father's Last Name Father's First Name Father's E-mail Address

Father's Address Zip Code City State

() _____ () _____
Father's Day Telephone Number Father's Evening or Cell Telephone Number

Emergency Information

Emergency Contact Name () Day Telephone Number () Evening Telephone Number Relation

First Choice: Columbia Day Camps Mary Elizabeth Occaneechi WaBak
Second Choice: Columbia Day Camps Mary Elizabeth Occaneechi WaBak

Date _____ Date _____

Name of Session _____ Name of Session _____

GIRL STATUS Girl presently: _____ is a Girl Scout _____ is not a Girl Scout _____ is a Girl Scout in a council other than Mountains to Midlands

FINANCIAL AID Registrant has: _____ earned Cookie Dough _____ applied for Financial Aid

BUDDY INFORMATION Name of one girl camper would like to have in same program session. Both campers must request each other and submit forms together. Placement cannot be guaranteed.

Buddy Last Name Buddy First Name

Buddy Address Buddy Day Telephone Number

DEPOSIT Amount: _____ (\$25 minimum)
check one: _____ Visa _____ MasterCard _____ American Express _____ Discover _____ Check _____ Cookie Dough

Account Number Expiration Date 3-digit code

Cardholder's Address (if different than parent/guardian)

Print Cardholder's Name Cardholder's Signature

Cookie Dough Amount _____
Cookie Dough must be attached to this form if using for deposit

REGISTRATION FORMS
For Day & Resident Camps