

# Camp Extras Form

**Return to Council Office at  
least 3 weeks prior to Camp**

**Complete this form and mail it** with payment to the **GSSC-MM, Five Independence Pointe, Suite 120, Greenville, SC 29615 or 130 Pinnacle Pointe Court, Suite 100, Columbia, SC 29223**. The Camp Extra Form must be received at least three weeks in advance of the camp session start date to ensure information is processed. Forms not received three weeks in advance are not guaranteed to be ready for your camper's session. If your camper is attending more than one session, please complete a form for each session.

**Camper's Name:** \_\_\_\_\_

**Camp Name:** ☐ Camp WaBak ☐ Camp Mary Elizabeth ☐ Camp Occaneechi

**Session Name:** \_\_\_\_\_ **Session Date:** \_\_\_\_\_

## Camp Bunkmates (for Resident Camp only)

Only **one** bunkmate request per girl **and** both girls must be attending the same camp session and list each other.

**Bunkmate:** \_\_\_\_\_

## Extended Care (for Day Camp only)

If your camper is attending Day Camp at Camp Mary Elizabeth or Camp Occaneechi and you will not be able to pick your camper up by 5:00pm every day, we recommend that you register for Extended Care. Extended Care allows your camper to be active and engaged until 6:00pm.

☐ I would like to register my camper in Extended Care for a fee of \$25 for the week.

## Trading Post & T-shirts

**Please check all that apply:**

☐ I would like to put the following in my camper's Trading Post Account: (Limit \$25 per session)

☐ None ☐ \$5 ☐ \$10 ☐ \$15 ☐ \$20 ☐ \$25

☐ I would like to donate any remaining trading post money to the Campership Fund. This fund helps provide a camp experience for a girl who might not otherwise be able to attend summer camp.

☐ I would like to order a camp T-shirt for my camper: (\$13)

☐ Child Medium ☐ Child Large  
☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

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

**Payment Method: (please check one)** ☐ Check ☐ Credit Card

**If paying by credit card:** Please take \$ \_\_\_\_\_ from: (check one) ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### Office Use Only

Date Received:

Staff: