



# Arrowhead | Cleawox | Low Echo | Whispering Winds Summer Resident Camp Registration

Questions about registration or space availability: [hjohnson@girlscoutsosw.org](mailto:hjohnson@girlscoutsosw.org) or (800) 875-2451  
 Questions about resident camp program: [mbennett@girlscoutsosw.org](mailto:mbennett@girlscoutsosw.org) or (800) 338-5248

Please complete a separate registration for each camper. Including adults for She and Me, Me and My Guy and Core Camp.

Camper's Name: \_\_\_\_\_ Grade in fall: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Troop # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Day: \_\_\_\_\_ Night: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Race/Ethnicity** (optional; check all that apply):  Pacific Islander  Black  White  Spanish/Hispanic  Asian  
 Native American/Alaskan Native  Other \_\_\_\_\_

Choice 1			Choice 2		
Camp	Program Name	Date	Camp	Program Name	Date
<input type="checkbox"/> Arrowhead			<input type="checkbox"/> Arrowhead		
<input type="checkbox"/> Cleawox			<input type="checkbox"/> Cleawox		
<input type="checkbox"/> Low Echo			<input type="checkbox"/> Low Echo		
<input type="checkbox"/> Whispering Winds			<input type="checkbox"/> Whispering Winds		

**Information on Tiered Pricing:** In trying to keep camp affordable to all families while also expressing the true cost of camp, we have adopted tiered pricing. Tier 1 is the actual cost to run our camps. Tier 2 is a partially subsidized cost of camp for families that can pay a little more but not the actual cost of camp. Tier 3 is our standard subsidized fee. Please pick the tier your family can afford.

<b>Campers T-Shirt Size:</b> (Circle one)	<b>YS</b> <b>YM</b> <b>YL</b> <b>AS</b> <b>AM</b> <b>AL</b> <b>AXL</b> <b>AXXL</b>	<b>Payment Information: All camp payments are due May 15.</b> \$50 deposit is non-refundable. Please write in the tier you choose to pay under Total Session Cost.	
<b>Dietary Restrictions/Special Needs:</b>		<b>Session Cost:</b>	Minimum Deposit _____ \$50
		<b>Total Session Cost:</b> _____	Make Add. Payment Now _____
<b>Buddy Request:</b> <small>List only one name; both must register for the same program. Adult/girl programs please list all participants or troop number.</small>		<b>Membership Dues:</b> <small>Dues are for the 2011-2012 membership year (started Oct 1, 2011 and are non-refundable.</small>	\$12
		<small>Non-members must include membership dues with camp registration &amp; \$50 deposit. Camp registration is not able to be processed until membership is paid.</small>	
<b>Emergency Contact Name:</b>		<b>Donation to Camperships:</b> (Optional)	
<b>Emergency Contact Home Phone:</b>		<b>Total enclosed \$</b>	
<b>Emergency Contact Cell Phone:</b>		<b>Trading Post:</b> Options to purchase care packages and trading post accounts are included on the <i>Camp Payment</i> form included in camper confirmation.	

**Refunds:** Request for refund of camp fees must be in writing at least 30 days before your camp session begins and will be adjusted based on expenses already incurred by the camp. No refund will be given within 30 days of the beginning of the camp session.

**Method of Payment:**  Cash    Check    Credit Card    Cookie/Nut Credits \$ \_\_\_\_\_ (Keep card until 9/15/12 in case of trading post refund)

**Credit Card or Cookie/Nut Payment** (this information will be removed and shredded after payment is accepted):

**Charge my** (check one):  Visa    Master Card    Cookie/Nut Card   Signature \_\_\_\_\_

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Account Number or Cookie/Nut Credit Number

Expiration Date

**Mail to:** Girl Scouts OSW, Attn: Resident Camp Registration, 1922 McGilchrist SE, Salem, OR 97302 **or Fax to:** (503) 892-7619



## Arrowhead | Cleawox | Low Echo | Whispering Winds Resident Camp Financial Assistance Request

1. Requests are granted upon financial need. Families are encouraged to contribute a portion of the camp fee.
2. Resident camp financial assistance request forms must be received with your camp registration form and \$50 non-refundable deposit.
3. Resident camp financial assistance requests will be processed once the girl has been confirmed in a program. You will be notified of the request status.
4. Resident camp financial assistance is only available to girls that reside within the council jurisdiction (map pg. 1).
5. All information will be held in the strictest confidence.
6. Resident camp financial assistance for more than one session will only be considered after all requests have been reviewed and as funds allow.

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Day \_\_\_\_\_ Night \_\_\_\_\_

Email \_\_\_\_\_

1<sup>st</sup> choice camp name, program name and date \_\_\_\_\_

Total household members:			Camp Fee (1 <sup>st</sup> choice)	\$
Number of dependents in household:			Less deposit:	-\$50
			Less amount family can pay:	-\$
Total household gross income per year:	\$		Less cookie/nut credits:	-\$
			Total financial aid request:	=

Please explain your need for financial assistance. Use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all information is true and correct and that all income is reported:

\_\_\_\_\_  
Signature of Parent/Guardian

**Mail to:** Girl Scouts OSW, Resident Camp Registration, 1922 McGilchrist, Salem OR 97302 **or Fax to:** (503) 892-7619

For office use only:	
Date received	
Amount granted	
Date notified	