



# Counselor in Training II (C.I.T. II) Registration Form

Please print clearly in blue or black ink. Please fill in all information and mail the Registration and Application Forms with a non-refundable \$50 deposit to:

GSHPA  
Attn: Summer Camp Registrar  
350 Hale Ave  
Harrisburg, PA 17104

## Contact Information

Camper Name \_\_\_\_\_ Troop # \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Required Email Address for Confirmation Delivery \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Camper DOB (M/D/Year) \_\_\_\_\_ Grade Entering in the Fall \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Free Tee-Shirt Size     Youth Small     Youth Medium     Youth Large  
  
 Adult Small     Adult Medium     Adult Large     Adult XL     Adult XXL

Early Bird Sweatshirt Size (postmarked before or on April 1)  
 Youth Small     Youth Medium     Youth Large  
  
 Adult Small     Adult Medium     Adult Large     Adult XL     Adult XXL

## Camp (fee includes \$50 non-refundable deposit)

Attendance at Archbald and Small Valley required (\$600)

## Membership Information

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Camper is a registered GSHPA member

Camper is a registered Girl Scout outside of GSHPA: Council \_\_\_\_\_

Camper is not a registered Girl Scout (additional \$15 fee required). I give my daughter permission to become a registered member of Girl Scouts.

## Payment Information

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Minimum \$50 Non-refundable deposit required at time of registration (\$50) \$ 50

*Balance due three weeks prior to the start of camp*

Session (\$550) \$ \_\_\_\_\_

Non-Girl Scout Fee (\$15) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## Additional Payment Options

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Financial Aid Requested Amount \$ \_\_\_\_\_

Product Sales Dough (must send in card and cannot be used for deposits) \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

## Payment Type

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Check# \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Money Order # \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Credit Card payments may be processed through online registration at [www.gshpa.org](http://www.gshpa.org).

When participating in camp, she may be photographed for print, video or electronic imaging. We agree the images may be used in promotional materials, news releases and other published formats for either GSHPA or GSUSA.

My child has permission to attend Sleep Away Camp and to participate in all phases of activities both on and off camp property, including transportation out of camp, except as noted on the health form. I accept full responsibility of possible risk when horseback riding, climbing and participating on the challenge courses. I have read the camp guide and agree to cooperate with all regulations. I agree not to hold the Council or its representatives responsible in case of illness, accident or loss. I have read and understand the registration information. The information above is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name