



Family Camp Registration

Please print clearly in blue or black ink. You can also register online. Please fill in all information and **mail payment in full** to:
 GSHPA, Attn: Registrar
 350 Hale Avenue
 Harrisburg, PA 17104

Contact Information

Registered Girl Scout's Name _____ Troop# _____

Parent 1 _____ Parent 2 _____

Address _____

City _____ State _____ Zip Code _____

Phone 1 _____ Phone 2 _____

Email Address _____

Dietary Restrictions _____

I plan to attend: Camp Small Valley (July 5-July 8) Camp Archbald (August 8-August 11)

Persons Attending Family Camp

| Name | Age | M/F | GSHPA Registered (Y/N) |
|------|-----|-----|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

If the Program is Full, Please:

Return my registration. Place my family on the waiting list.

Payment Information

Attendance Total

How many TOTAL children attending _____ x \$80 \$ _____

How many TOTAL adults attending _____ x \$80 \$ _____

TOTAL ENCLOSED \$ _____

Check# _____ Amount Enclosed \$ _____

Money Order # _____ Amount Enclosed \$ _____

I have read and understand the registration information. The information above is correct and complete to the best of my knowledge.

Signature _____ Date _____

Please Print Name _____