

# 2010 Camp Application

Girl Scouts Heart of the Hudson, Inc.



camp.girlscoutshh.org

Please complete a separate application for each child attending camp. Registrations can be mailed and/or brought into any GSHH regional office to be processed. Camper placements will be assigned as space permits.

Esta información esta disponible en español. Favor de llamar al 914-747-3080 o visite Nuestro sitio de web www.girlscoutshh.org

Camper's Name _____			
Address _____		City _____	State: _____ Zip: _____
Birth Date _____	Grade in fall: _____	Troop #: _____	<input type="radio"/> non-member**
<b>Parent/Legal Guardian Contact</b>			
Name _____		Phone _____	Email _____
<b>Alternative Parent/Legal Guardian Contact</b>			
Name _____		Phone _____	Email _____
<b>I am applying to attend:</b>			
1) Camp Addisone Boyce Day Camp, mail to attn: Registrar New City office			
2) Camp Rocky Brook Day Camp, mail to attn: Registrar Pleasantville office			
3) Rock Hill Camp Resident, mail to attn: Pleasantville office			
<b>Camp</b>	<b>Session</b>	<b>Dates</b>	<b>Fee</b>
<b>Optional Programs:</b>			
<input type="radio"/> Morning Extended Rocky Brook Day Camp, _____ number of weeks @\$25/wk			
<input type="radio"/> Evening Extended Rocky Book Day Camp, _____ number of weeks @\$50/wk			
We provide bus transportation for Camp Addisone Boyce only. Bus stops will be established based on enrollment by areas.			
<input type="radio"/> Busing needed for Camp Addisone Boyce? If yes please enter your Zip Code _____			
Registration opens January 11, 2010, email camp@girlscoutshh.org, mail or walk-in. Application and deposit due by March 15, 2010.			
<ul style="list-style-type: none"> <li>• \$75 non-refundable deposit per session enclosed. Deposit is applied toward fee. Please complete campership application if applicable.</li> <li>• <b>Registration after March 15, 2010 fees will increase by \$25 per session.</b></li> <li>• Balance of camp fee is due May 17, 2010.</li> <li>• A pre-camp packet will be sent out to each girl. This packet will include further instructions and required paperwork to be completed before each camp session. No campers will be admitted to camp without the proper paperwork.</li> <li>• <b>No refunds will be issued after May 17, 2010.</b></li> <li>• **All girls attending camp must be a registered Girl Scout. Girl Scout registration is \$12 contact a GSHH regional office to register.</li> <li>• Make checks payable to Girl Scouts Heart of the Hudson, Inc.</li> </ul>			
<b>Payment</b>			
<input type="radio"/> Cash \$ _____ <input type="radio"/> Check \$ _____ <input type="radio"/> Cookie Credits \$ _____ <input type="radio"/> Credit Card \$ _____ <input type="radio"/> MC <input type="radio"/> Visa			
Card Number _____		Name on Card _____	
Expiration Date _____		Code _____	Signature _____
I have read and agree to the terms above.		<i>I understand that when participating in Girl Scout activities the applicant may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout councils or Girl Scouts USA. I acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts USA.</i>	
Signature of Parent/Guardian _____		Signature of Parent/Guardian _____	
Date _____		Date _____	

FOR OFFICE USE ONLY						
Camp Copy _____	Entered into Personify _____					
Deposit	S1 _____	S2 _____	S3 _____	S4 _____	S5 _____	S6 _____
Balance Due	S1 _____	S2 _____	S3 _____	S4 _____	S5 _____	S6 _____
Balance Due	S1 _____	S2 _____	S3 _____	S4 _____	S5 _____	S6 _____

# 2010 Campership Application

Girl Scouts Heart of the Hudson, Inc.



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A Campership is a type of financial assistance that is available to help pay part of the camp fees for registered Girl Scouts of Girl Scouts Heart of the Hudson, Inc. Applications will be considered on the basis of need. The information supplied on the form is confidential, mark the envelope "Confidential". We ask these questions to help us evaluate the need for the campership. Please submit this form along with your Camp Application before **March 15, 2010**.

**Campership does not include the \$75.00 non refundable deposit.**

Application must be filled out completely by applicant's parent or guardian. Please print clearly.

Attach a 2009 tax return or disability determination or proof of unemployment.

Esta solicitud debe de ser completa por los padres o guardianes de la solicitante. Favor de imprimir claramente.

## APPLICANT INFORMATION/Información de la Solicitante

Girl's Last Name/Apellido de la niña		Girl's First Name/Nombre de la niña		DOB/Fecha de Nacimiento
Address/Dirección			City, State, Zip/Ciudad, Estado, Código Postal	
Community/Comunidad #	Troop #/Tropa #	Level/Nivel : <input type="checkbox"/> GS Daisy <input type="checkbox"/> GS Br. <input type="checkbox"/> GS Jr. <input type="checkbox"/> GS Cad. <input type="checkbox"/> GS Sr. <input type="checkbox"/> GS Amb.		

Racial background/Transfondo racial: This information is optional. Esta información es opcional

American Indian or Alaskan Native/Indígena Americano o Nativo de Alaska  Black or African American/Negro o Afroamericano  
 Asian/Asiático  Hawaiian or Pacific Islander/Hawaiano o Isleño del Pacífico  White/Blanco  Other/Otro)

Ethnic background/Origen étnico:  Hispanic or Latina/Hispano o Latino  Not Hispanic or Latina/No Hispano o Latino

## APPLICATION FOR/Solicitud para

Camp/Campamento	Session/Sesión	Dates/Fechas	Fee/Costo
Did applicant participate in: Fall Product Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No Cookie Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of boxes sold: _____	Amount of Cookie Credits earned? \$ _____
¿La niña participo en: Programa de venta del otoño? <input type="checkbox"/> Si <input type="checkbox"/> No ¿Programa de venta de galletas? <input type="checkbox"/> Si <input type="checkbox"/> No		# cajas vendidas: _____	¿Cantidad de Cookie Credits ganados? \$ _____
Will Cookie Credits be applied towards the cost of this event?/¿Solicitante usara Cookie Credits hacia el costo de este evento? <input type="checkbox"/> Yes/Si <input type="checkbox"/> No		How much?/¿Cantidad? \$ _____	

## FAMILY INFORMATION/Información Familiar

Applicant resides with/Solicitante reside con: <input type="checkbox"/> Both parents/Ambos padres <input type="checkbox"/> Mother only/Sólo madre <input type="checkbox"/> Father only/Sólo padre <input type="checkbox"/> Guardian/Guardian		Household Size/No. de residentes en el hogar: _____
Mother/Guardian - Madre/Guardián:	Father/Guardian - Padre/Guardián:	
Address/Dirección:	Address/Dirección:	
City, State, Zip/Ciudad, Estado, Código Postal:	City, State, Zip/Ciudad, Estado, Código Postal:	
Phone #/Teléfono Home/Casa _____ Work/Trabajo _____	Phone #/Teléfono Home/Casa _____ Work/Trabajo _____	

### INCOME INFORMATION/Información de Ingresos (Mother/Guardian-Madre/Guardian)

Monthly wages/Salario mensual \_\_\_\_\_  
 Worker's Comp/Compensación de empleo \_\_\_\_\_  
 Child support/Mantenimiento de niños \_\_\_\_\_  
 Unemployment/Desempleo \_\_\_\_\_  
 Social Security/Compensación de seguro social \_\_\_\_\_  
**TOTAL (monthly/mensual) \$ \_\_\_\_\_**

Describe any extenuating circumstances/ describa su circunstancia [please print]

### INCOME INFORMATION/Información de Ingresos (Father/Guardian-Padre/Guardian)

Monthly wages/Salario mensual \_\_\_\_\_  
 Worker's Comp/Compensación de empleo \_\_\_\_\_  
 Child support/Mantenimiento de niños \_\_\_\_\_  
 Unemployment/Desempleo \_\_\_\_\_  
 Social Security/Compensación de seguro social \_\_\_\_\_  
**TOTAL (monthly/mensual) \$ \_\_\_\_\_**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALLOW 3 WEEKS FOR PROCESSING/Permita 3 semanas para procesamiento**

**FOR OFFICE USE ONLY/Para uso oficial**

Application reviewed by: _____	Review date: _____	Follow-up: _____
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