

2024 Resident Camp Registration Form

Please note that you may also elect to use the My GS system available through gsoh.org to register if the attendee is a currently registered Girl Scout.

□ Please update my	contact inform	nation	only registered			Office Use Only		
Girl's Name:	Age:			Date Received:				
Street Address:				J		Financial Assistanc	e:	
City:State			e:Zip:			Deposit:		
Home Phone:								
Caregiver Daytime Phone:			-			Balance Paid:		
Caregiver Email Add				Late Fee:				
Grade Completed by Summer:			Birthday:			Bus: □ Yes □ No		
	1st Choic		2nd Choice		CampDoc			
Name of Program:						24 camp season uest, Health Info	n you will add your Formation and	
Session Dates:					Emergenc	y Contact detail	s to CampDoc. Be	
Riding bus (\$50)?	□ Yes □	1 No			sure to fill out this information on Camp Doc at least 3 weeks before the start of your camp			
If Yes, Select Stop:	□ Columbu	s 🗆 Sunbur	. 10 D					
Price Tier:	□ Tier One	□ Tier Two	□ Tier Thre	е	and integrate camper health information, permission forms and releases into a			
Camp Care Kits Show your camper to care package! Order when she arrives at o Camp Essentials Ko Do you need some es Well we have the kit	nis summer with a ll be ready for your girl detailed gsoh.or Camp Summer of exploring?		To learn medetailed in gsoh.org/	ized and secure location. In more about CampDoc and find a linstructions on how to use it, visit arg/residentcamp and check out the Success Guide.				
Fees		Amount Due	Payment Met	hod				
Resident Camp Deposit (non-refundable)	\$50.00 \$100 for Adventure Treks		□ Check/Mon □ Financial Ai	ey Order d (compl	□ Cash (Do Not Mail) eted Financial Aid Assistance Form must cration form) □ Credit Card □ Reward Card			
Bus Fee (if applicable)	\$50.00		Reward Card Information					
Camp Care Kit	\$35.00		Reward Card	Number:				
(if purchasing)	al analogad -		Exp. Date:CVV:					
Total enclosed =			Credit Card Information					
Make Checks Payable to:			□ Visa □ MasterCard □ Discover □ American Express					
Girl Scouts of Ohio's Heartland Council, Inc.			Account Num	ber:		Exp	o. Date:	
Mail to:			CVV:	CVV:Billing Address:				
Girl Scouts of Ohio's Heartland Council, Inc. 1700 Watermark Drive Columbus, OH 43215-1097			·				Zip:	
Fax to:			Signature:					

614-487-8189

Please allow two weeks for confirmation.