girl scouts of ohio's heartland

PLEASE PRINT IN BLUE/BLACK INK

Non-Girl Scout
2020 DAY CAMP REGISTRATION

Use this form for all non-campers. Forms are preferred by **March 15, 2020**, but may be submitted after this date.

We are thrilled you are planning on joining us this summer to volunteer for day camp! If you have small children who are potty trained, but are not yet school age, or a boy (K-5), we may be able to assist with supporting care*. Please use a seperate form for each child. Cost is $25 for all preschoolers. Cost is $25 for all boys at non-Ken-Jockety Camps and $40 at Ken-Jockety Camps.

*Each camp director will determine if a preschooler and boy unit will be offered based on factors such as registration totals, volunteers, and space.

Name _____ Date of Day Camp _____

❑ Please check this box if the address is the same for all children listed.

Non-camper Information

Child: ☐ Preschool *(please specify gender_____)* ☐ Boy *(completed K-5th grade only)*

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Parent/Caregiver _____

Date of birth _____ Age of child while at camp _____

T-shirt Information

All girls (K-12) and adult volunteers who attend camp receieve one t-shirt. Preschoolers and boys may order a t-shirt at the time of registration.

Each day camp t-shirt is $10.00. All shirts must be ordered prior to the day camp registration deadline for which you are registering.

Indicate your size below. Please mark your size carefully (no exchanges).

STANDARD STYLE T-SHIRT SIZE (circle one)**:**

Child: ◯(SM 6-8) ◯(MED 10-12) ◯(LG 14-16)

Adult: ◯(SM) ◯(MED) ◯(LG) ◯(XL) ◯(2X) ◯(3X)

Fees	**Amount Due**
Registration fee	$ 25 = _____
Boys - KJ Camps Only	$ 40 = _____
T-shirt fee	$ 10 = _____
	Total Due $ = _____

Return to:
Girl Scouts of Ohio's Heartland Council, Inc.
Attn: Day Camp
1700 WaterMark Drive
Columbus, OH 43215-1097
or: customercare@gsoh.org

MAKE CHECKS PAYABLE TO: Girl Scouts of Ohio's Heartland Council, Inc. OR complete below if you wish to charge your fee to Visa, MasterCard, Discover or American Express.

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

$ _____ | | | | | | | | | | | | | | | | |
Amount *Account number (typically 16 digits)*

Expiration date

_____
Signature of card holder (required for credit card payments) *Date*

_____
Billing address *City* *State* *Zip*