

Summer Family Opportunities Registration

IMPORTANT

One form per family per session ★ Payment in full required and must accompany this registration

GSNEO
Central/North
One Girl Scout Way
Macedonia, OH 44056-2156
330-864-9933
330-864-5720 fax

GSNEO
South
1010 Applegrove St NW
N. Canton, OH 44720
330-433-9485
330-499-4475 fax

GSNEO
East
980 Warren Ave
Niles, OH 44446
330-652-5876
330-544-7959 fax

GSNEO
West
6111 S. Broadway Ave
Lorain, OH 44053
440-233-6112
440-233-7393 fax

Completed forms may be walked in to any service center, mailed to the Macedonia office or faxed to (330)467-1901. ★ Incomplete forms will be returned

Family Information - ONE FORM PER FAMILY

Adult Contact _____ Phone _____

Address _____ County _____

City/State/Zip _____ Email _____

How would you like to receive confirmations? Email Postal Mail

Family Members Attending (you may add pages if needed)

Name _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	GSUSA Member?	Yes	No
Name _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	GSUSA Member?	Yes	No
Name _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	GSUSA Member?	Yes	No
Name _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	GSUSA Member?	Yes	No

Add \$12 Membership fee for each non-member, except males under age 18.

Program

Total number of campers _____ Boys _____ Girls _____ Women _____ Men _____

Program Name/Camp/Site	Program Code	Dates	Total Fee
1st choice _____	_____	_____	_____
2nd choice _____	_____	_____	_____

Financial Assistance

I have attached a completed Camp Financial Assistance Application and \$5.00 deposit for each person applying for financial assistance. **The financial assistance deadline is May 15, 2010**

Fees and Payment Method

Program Fee and/or _____ \$ _____ Payment in full

Financial Aid Deposit _____ \$ _____ \$5.00 per person applying

Girl Scout Membership _____ \$ _____ \$12 per person if applicable

Total Payment Enclosed _____ \$ _____ Cash Check Money Order Credit

If paying by credit card please complete the Credit Card Payment Authorization Form.

For Office Use Only

Date Received	Amount Received	Program Code	Balance Due	Confirmation Date
_____	_____	_____	_____	_____