



Girl Scout Day Camp



Morrison Rockwood Day Camp

When: June 14—16, 2010

Where: Morrison-Rockwood State Park
18750 Lake Road
Morrison, IL

Time: 9 A.M. to 3 P.M.—Girl Scout Brownies and Juniors
9 A.M. to 11:50 A.M.—Girl Scout Daisies

Cost: \$45 registered Girl Scouts. “Cookie Dough”/“IRG Credits” may be used.
\$10 registered Girl Scouts 7th grade and up volunteering to help on an as needed basis (14 needed)
\$57 new Girl Scouts (includes \$12 Girl Scouts of the USA registration fee, valid through September 2010.)

Cost includes: T-shirt, hat, GS Daisy—fun patch, GS Brownie—2 Try-Its, GS Junior—2 badges and lunch on Wednesday

Bring sack lunch with drink on Monday and Tuesday—water is provided.

Make check payable to GSNI—Morrison Rockwood Day Camp—NO REFUNDS

Transportation: Parent/guardian’s responsibility

Drop Off: No earlier than 8:45 A.M.

Registration Information: Enrollment is limited and will be on a first-come, first-served basis.

Registration begins January 24, 2010 and registration and payment *must be received by May 12, 2010*. All registrations must be received on or before the closing date.

1. Complete both sides of the registration form, filling in ALL of the blanks.

Mail form and payment to: Morrison—Rockwood Day Camp
Attn: Becky
P.O. Box 144
Morrison, IL 61270

3. Payment in full is due at the time of registration, unless using Cookie Dough or IRG Credits which must be received by **May 12, 2010**, or if applying for financial assistance. “Cookie Dough” or “IRG Credits” may be used for girl registrations only.

Financial Assistance: *Financial assistance is available for a portion of the girls’ fees.*

1. To apply for financial assistance call 847-741-5521 as soon as possible. A simple form will be mailed to you and must be completed and returned to the Girl Scout Center **no later than May 3**.
2. Anyone applying for financial assistance must still fill out and return the registration form, along with “Cookie Dough” or “IRG Credits” and the amount you will be able to pay, to the name above by the close of registration.
3. Financial assistance will be forwarded to the day camp directly. Parents will receive a letter indicating the amount of assistance awarded. Any balance not covered by financial assistance must be paid in full before the start of camp. If further financial assistance is needed, it is the parent’s responsibility to call 847-741-5521 to request additional assistance.

Refund Procedure:

NO REFUNDS—Confirmation letter will be sent.

Parents/Guardians:

Day camp is a volunteer-based program—there is no paid staff at camp. Safety guidelines require a 1:6 ratio of adults to children for the operation of our day camps. Volunteers are the soul of our program—complete the attached application to join in the fun!

Three parents are needed to be in charge of Group A, B and C. If you are interested in leading one of these groups, please contact Becky as soon as possible.

Adults are needed to come to spend the day and help where needed. Please remember the fewer adults who sign up to help, the fewer Girl Scouts are allowed to attend. Remember we try to keep parents and girls together but it’s not always possible and we would like parents to help where needed.

The training meeting date will be announced.

Questions?

Name: Becky

E-mail: mrdcgsni@yahoo.com

Questions?

Name: Kathie

E-mail: mrdcgsni@yahoo.com

Payment & registration must be **received by: May 12, 2010**

REGISTRATION FORM

Please complete both sides and mail to:

MRDC—Attn: Becky
P.O. Box 144
Morrison, IL 61270

Please Print

Girl Scouts of Northern Illinois Office Use – Fees	
Cash	_____
Check	_____
"Cookie Dough"/"IRG Credits"	_____
GSUSA Reg.	_____
FA	_____
Overnight	_____

Girl's Name _____ DOB _____

Address _____ Home Phone (____) _____

City and Zip Code _____

Parent's/Guardian's Name _____ Daytime Phone (____) _____

Grade entering in the fall _____ School _____

Troop # _____ Girl Scout Level in fall _____ New Girl Scout? [] check if yes

Buddy Name _____

Remember if signing up with a buddy, the buddy must also sign up with your name.

Camper Fees

Girl's Name	Camp Fee \$45	New Scout GSUSA Fee \$12	Total A

Camper's T-Shirt size: Youth: [] S [] M [] L Adult: [] S [] M [] L [] XL

Girl Scout helper	Camp Fee \$10	New Scout GSUSA Fee \$12	Subtotal

Helper's T-Shirt size: Youth: [] S [] M [] L Adult: [] S [] M [] L [] XL

Adult Volunteer

Name	Days Attending (Please Circle)	T-Shirt \$10.00 Optional	New Scout GSUSA Fee \$12	Subtotal
Adult:	M, T, W,			

Adult T-Shirt size: Adult: [] S [] M [] L [] XL [] XXL

Total B	
Total Fees Enclosed (Total A + Total B)	

Please complete both pages of this registration form.

Camper's Medical Information:

This camper, _____ is in good physical condition and can take part in usual outdoor activities. Special health considerations (allergies, diabetes, dietary restrictions, etc.), include instructions for medication sent to camp with camper: _____

Print name of parent/guardian _____

I can be reached during camp at: (____) _____ cell or pager (____) _____

Date of last tetanus shot _____

Please list two (2) emergency contacts in case you cannot be reached.

Emergency contact #1 name _____ relationship _____ phone (____) _____

Emergency contact #2 name _____ relationship _____ phone (____) _____

Child's physician _____ phone (____) _____

Name of family insurance carrier _____ phone (____) _____

The bearer of this letter has my permission as a parent or legal guardian to act on my behalf in any emergency dealing with the health and welfare of my daughter and to obtain emergency treatment for her by a licensed physician.

[] This girl is not currently registered with Girl Scouts of the USA, and I am willing to have her become a Girl Scout.

(signature of parent/guardian)

(date)

Day Camp Volunteer Help Information

I would love to help! Dads, grandparents, aunts and uncles at least age 18 are welcome. A volunteer application will be completed and a criminal background check will be performed on all volunteers.

Name _____ Address _____ phone (____) _____

I can volunteer:

[] for all three days

[] for only the following days. *Circle all that apply:* Monday Tuesday Wednesday

[] I am a nurse and can volunteer on *Circle all that apply:* Monday Tuesday Wednesday

Volunteer Medical Information

Name	Age as of 6/1	Doctor's Name and Phone#	Special Health Considerations
Adult			

(signature of volunteer)

(date)

Please complete both pages of this registration form.



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Morrison Rockwood Day Camp Girl/Adult Worker Form

When: June 14 - 16, 2010

Where: Morrison-Rockwood State Park
18750 Lake Road
Morrison, IL

Name _____ GS Level in Fall _____

Address _____ City _____ Zip _____

Home Phone Number _____ Troop # _____

Shirt Size (please circle ONE)

YS	YM	YL	AS	AM	AL	AXL	AXXL
6 - 8	10 - 12	14 - 16	34 - 36	38 - 40	42 - 44	46 - 48	50 - 52

Girl's Parent/Guardian

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Please list an emergency contact in case you cannot be reached

Name _____ Phone # _____ Relationship _____

WORKING Parents: If you are a parent signing up to help, please check the days you can come.

Monday _____ Tuesday _____ Wednesday _____

I am a nurse and able to work the following days

Monday _____ Tuesday _____ Wednesday _____