



Girl Scouts of Greater Iowa
Troop Camping Registration
We Can Do IT!
 (For troop leader use only)

Cannot be postmarked before April 3, 2009

REGISTRATION INFORMATION

Note: Please type or print using ballpoint pen.

Troop leader name _____
 Address _____ City _____ State _____ Zip _____
 Home phone (____) _____ Work or cell phone (____) _____
 Age level _____ Troop # _____ Service unit _____
 Number of adults attending _____ Number of girls attending _____
 Note: On camp arrival day, the camp medical personnel have the right to refuse to admit a girl to the camp who does not meet the acceptable health conditions, e.g. temperature, contagious disease, etc.

SESSION INFORMATION

Camp Tanglefoot

Date July 14-16, 2009
 Indicate first and second choice for living structure:
 Tents Cabins Huts

SERVICES REQUESTED

Living Facility	# Requested		Fee	=	Total Facility Fee
<input type="checkbox"/> Huts	_____	X	\$14	=	_____
<input type="checkbox"/> Cabin	_____	X	\$14	=	_____
<input type="checkbox"/> Platform Tent	_____	X	\$ 6	=	_____

MEALS

Check the meals/snacks you would like to eat in the dining hall.

Day 1	Day 2	Day 3	Total meal cost	\$ _____
<input type="checkbox"/> Snack (\$1)	<input type="checkbox"/> Breakfast (\$3)	<input type="checkbox"/> Breakfast (\$3)	# of people	_____
<input type="checkbox"/> Dinner (\$5)	<input type="checkbox"/> Snack (\$1)	<input type="checkbox"/> Snack (\$1)	Total meal fee	\$ _____
	<input type="checkbox"/> Lunch (\$4)			
	<input type="checkbox"/> Snack (\$1)			
	<input type="checkbox"/> Dinner (\$5)			

SPECIALTY PROGRAM

# of people	Cost	X	# of hours	Total Cost
	\$10/hour for every 10 people; 11-20 people would be \$20 per hour, etc			
	X \$5 per person		_____	
	\$7 flat fee		_____	

Does not include meals. If you want meals on your overnight hike, check and pay for them above on the meal service plan.

Please indicate number of shirts in each size that you would like:

___ Youth M (10-12) ___ Youth L (12-14) ___ Youth XL (16-18) ___ Adult Sm ___ Adult Med ___ Adult L ___ Adult XL ___ Adult XXL
 Total t-shirts ordered _____ X \$10.00 = Total t-shirt amount enclosed \$ _____

PAYMENT INFORMATION (reverse side must be completed for each participant)

A deposit of \$20 per troop is required.

\$ _____ Check/money order enclosed
 \$ _____ MasterCard, VISA, Discover
 \$ _____ **Total enclosed**

Balances due are listed in confirmation materials and must be paid by date listed or late fees will be charged.

MasterCard VISA Discover

Cardholder (print name) _____
 Card No. _____
 Expiration Date _____
 Signature of card holder _____

Make checks payable to Girl Scouts of Greater Iowa.

Return to: Girl Scouts of Greater Iowa, Attention: Registrar, 10715 Hickman Road, Des Moines, IA 50530