

IT'S YOUR PLANET-LOVE IT!

For girls in grades K-5,
who are not currently
registered Girl Scouts.

SPRING DAYCAMP BREAK

April 17-19, 2017
8:30 a.m.-4:30 p.m.
Sylvania Area Family Services
5440 Marshall Rd.
Sylvania, OH 43560

\$15 Registration fee, plus
supply donation to
SAFS.

To reciprocate the generosity of
Sylvania Area Family
Services, attendees are asked
to bring a supply donation for
the facility to camp. A wish list
will be provided in your
confirmation packet.

Financial assistance
available.



Space is limited and
available on a first come,
first serve basis. Please
send registrations and
payment information to
Girl Scouts of Western Ohio:
2244 Collingwood Blvd.,
Toledo, OH 43620 or email
sarahbuddendeck@gsw.org

SAFS will not accept forms or
payment.

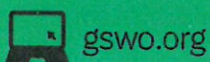
MAKE THE MOST OUT OF SPRING BREAK

girl scouts
of western ohio

K-5 Girls : Come join the Girl Scouts and learn how
you can take action to respect and protect the
planet we all call home. Have fun through crafts,
games, and more. Discover your potential to make
the world a better place through science.

gsw.org/springbreak

01-3968-01/2017



For more information, contact Sarah at 567.225.3540 or sarahbuddendeck@gsw.org



Spring Break Day Camp Registration Form 2017

Troop/Group #: _____ Service Unit #: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Birthdate: _____

Check here if you don't have email
 I wish to opt in: Text Email

Racial Background: American Indian or Alaskan Native Asian
 Black or African American Hawaiian or Pacific Islander White Other

Ethnic Background: Hispanic or Latina Not Hispanic or Latina

Parent/Caregiver Name: _____

Emergency Contact Name: _____ Phone: _____

Yes, I would like to volunteer to be: A Troop Leader A Troop Assistant An Adult Member

Payment: Cash Check enclosed (payable to Girl Scouts of Western Ohio) or charge credit card:
 Visa MasterCard AmEx Discover Financial Assistance

Card Number: _____ Expiration Date: _____ Security Code: _____

Signature on Card: _____ Billing Zip Code: _____

Financial Assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants are encouraged to pay some portion of the fee. Please complete the line below.

Family can pay \$ _____ Financial assistance requested \$ _____ Total \$15

Permission and Health History

List any medical conditions or allergies requiring treatment, medication, or special needs: _____

Family Physician Name: _____ Phone: _____

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed event activities except as noted.

Authorization for Treatment: In the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the event personnel to secure treatment, including hospitalization, for the patient.

I understand the nature of the activities in which my child is going to participate and give my permission for my child to:
1) engage in all program activities as planned by the Girl Scouts of Western Ohio and its affiliates, 2) for the Girl Scouts and/or its affiliates to use her picture(s) or video recording(s) and 3) if my daughter is not a registered Girl Scout I am willing to have my daughter become a registered Girl Scout member.

Parent/Caregiver Signature: _____ Date: _____