



# CAMPERSHIP REQUEST FORM

Mail request to:  
 Girl Scouts—Arizona Cactus-Pine Council/Att: Camp Registrar  
 P.O. Box 21776  
 Phoenix, Arizona 85036-1776  
 FAX: (602) 252-1159

## For Office Use Only

Amt. Encl. \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_

Please do not use felt tip pen!

### Camper Information

Full Name		Home Phone	How many years have you been a Girl Scout?
Address			
City, State, Zip			
Birthdate	Age	<input type="checkbox"/> I'm an IGM/Juliette	<input type="checkbox"/> Troop #

### Parent/Guardian Information

Parent/Guardian Name		Day Phone	Evening Phone	Cell Phone
Employer		Occupation		
Parent/Guardian Name		Day Phone	Evening Phone	Cell Phone
Employer		Occupation		
Number of Girl Scouts in the family:	Number attending summer camp this year:	Has this camper previously received a campership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and how much? Year: _____ \$ _____	

### Parent/Guardian Information

Amount Requested \$ _____	How much can you provide? \$ _____	Will camper be applying any "cookie dough" to the payment of this camp session? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____
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**Financial assistance is based on need and will be granted as a percentage of the session fee. To hold your camper's space in a session, you must pay the non-refundable deposit at the time you register for camp.**

Please provide information you believe is pertinent to support your request for a Campership:

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Campership Granted <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Percentage of Session Fee:	
<input type="checkbox"/> Sombrero <input type="checkbox"/> Maripai <input type="checkbox"/> Shadow Rim <input type="checkbox"/> Willow Springs	Session Name:	Start Date:	Session Fee:

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