



Caddie Registration

KinniCroix Valley Passport Twilight Camp

Mail check, registration, and health form to: 871 Charlie Ryan Road, Hudson, WI 54016

Caddie Information			Returning Caddie <input type="checkbox"/>
Caddie First Name:	Last Name:	Troop #:	
Full Address: (street, city, state, zip)			
Phone:	Date of Birth: (DD/MM/YY)	School (Fall 2024):	Grade (Fall 2024):
Caddie Name used at Camp:	Training completed: Jr. Caddie (Program Aid+) Caddie Sr. Caddie		List experience at Daycamp(s)?

Parent/Guardian Contact Information			
Custodial parent/guardian name:	Day phone:	Evening phone:	Cell:
Address if different from above:			
Second parent/guardian name:	Day phone:	Evening phone:	Cell:
Address if different from above:			
Email: (We communicate by email so this account should be checked regularly.)			

Transportation & Fees	
Please mail completed registration forms to: KinniCroix Valley Twilight Camp 871 Charlie Ryan Road Hudson, WI 54016	Day Camp Fees (Must be included) Program fee - Caddie: \$25.00 Junior Caddie: \$25.00 **Late Fee - \$30 after 5/10/2024** <input type="checkbox"/> Full time volunteer credit < > (\$45 credit - if registered at same time) credit can be split, but only up to value of fees +
	Cookie Credits or Fall FUNds - Grant-for-Girls form submitted to council - Subtract amount: - Total Enclosed: <i>Make checks payable to: Girl Scouts</i> \$
T-Shirt Size All campers receive one camp T-shirt. Please circle size. T-Shirts tend to run closer to the small size listed. Child: Sm(6-8) Med(10-12) Lg (14-16) Adult: Sm Med Lg XLg 2XL 3XL	

Permission	
I give permission for my Girl Scout to attend day camp and participate in all activities which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations and policies including GSRV Covid guidance. I give permission for my camper to be photographed or recorded, and for River Valleys to use this material for publicity purposes. I will not send my camper if she becomes exposed to any contagious disease, or if I do not consider her to be in good physical condition. I give permission for my camper to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor or designee. I will read and abide by communications from the day camp. **SIGNATURE REQUIRED**	
Parent/guardian signature:	Date: