girl scouts of wisconsin southeast

Camper Council

Name: _____ Phone: (_____)_____

Address: _____

Address *City* *Zip Code*

Grade: _____ Parent/Guardian e-mail (if possible): _____

How many summers have you attended Resident Camp?_____ Day Camp?_____

On *Camper Council* I want to represent ... ❒ Resident Camp ❒ Silverbrook Day Camp

After reading the information about *Camper Council*, I want to join because _____

_____

_____

_____

My favorite part of camp was: _____

My least favorite part of camp was: _____

Camper Council Meetings

We will meet three to five times throughout the school year.
We will e-mail a confirmation when this form is returned.

All meetings will be held at the Marion Chester Read Center, Milwaukee.
Please view our Website for the date and time of the meetings.

Yes, I want to be a part of *Camper Council* this year. I will share my experiences, ideas, and opinions to help new and returning campers have a fun time at camp. I look forward to meeting new people and working as a team to make decisions.

_____
Camper Council Member Signature

I give my Girl Scout permission and support to join *Camper Council* for this academic year. I understand that this is a wonderful leadership opportunity for her. We understand that when participating in Girl Scout activities the participant may be photographed for print, video or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either Girl Scouts of Wisconsin Southeast or Girl Scouts of the USA. We acknowledge that the images will be the sole property of the Girl Scouts of Wisconsin Southeast.

_____ _____
Parent/Guardian Printed Name Parent/Guardian Signature

Return to: Girl Scouts of Wisconsin Southeast, Administrative Office, P.O. Box 14999, Milwaukee, WI 53214-0999