



# Girl Scouts Heart of the Hudson, Inc.

www.girlscoutshh.org

**DISCOVER!**



**CONNECT!**



**TAKE ACTION!**

Girl Scouts Heart of the Hudson and the Haverstraw Center invite your daughter to participate in an exciting four-week

## **GIRL SCOUT SUMMER PROGRAM**

**10:00 a.m.—11:00 a.m. (girls ages 6-8)**

**1:00 p.m.—2:00 p.m. (girls ages 9-14)**

**Multi Purpose Room at the  
Haverstraw Center**

**DATES: July 14, July 31, August 6, August 11**

Girl Scout staff will be at each session to facilitate program.  
Camp counselors will be available to assist.

Please complete the information below and return to your daughter's counselor as soon as possible.

Yours in Girl Scouting,

Anita Vitro  
Field Manager  
638.0438 x.15

Kathie Cayton  
Volunteer Development Manager  
638.0438 x.22

**RETURN BOTTOM PORTION TO YOUR DAUGHTER'S CAMP COUNSELOR ASAP!**

- \_\_\_\_\_ My daughter has permission to participate in the Girl Scout summer program at the Haverstraw Center.  
 \_\_\_\_\_ My daughter is interested in other Girl Scout opportunities in her community.  
 \_\_\_\_\_ I am interested in being a Girl Scout volunteer.

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Registrant's racial background (not mandatory)

- American Indian  Asian  Black or African American  Hawaiian or Pacific Islander  White  Other

Registrant's ethnic background (not mandatory)  Hispanic/Latina  Non Hispanic/Latina

(This information will be used by Girl Scouts of the USA to improve program delivery)

We acknowledge that the registrant will make the Girl Scout Promise and accept the girl Scout Law. The registrant has our permission to join Girl Scouts. We understand that when participating in Girl Scout activities, the use of photo, video, or electronic imaging may take place and that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout council or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

I \_\_\_\_\_ parent/guardian give my daughter permission to participate in the Girl Scout program delivery.

Signature of parent/guardian \_\_\_\_\_

