



Girlfriends Camp Enrollment Application

Date: _____

Name of Participant

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Attending School: _____

Age: _____ Birthdate: _____

Parent's Information

Mother's Name _____

Address if different _____

City: _____ State: _____ Zip: _____

Email: _____

Father's Name _____

Address if different _____

City: _____ State: _____ Zip: _____

Email: _____

Camp Sessions-

\$400.00 for each Two Week Sessions

Deposit required of \$200.00 for each session
Final payment is due on the first day of camp

1st Session- June 21-July 2 Yes _____
2nd Session-June 28-July 9 Yes _____
3rd Session-July 12-July 23 Yes _____

Payment Information:

Billing Information-

Address: _____

City, State, Zip: _____

Credit Card: _____

Exp: _____ 3 digit # _____

Send Check to:

Girlfriends
2892 North Bellflower Blvd. Suite 372
Long Beach, CA. 90815

Receipt will be emailed for your files

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information: _____

Medical record #: _____

I hereby give permission for my daughter _____ to attend and participate in all activities held by GIRLFRIEND, INC. I have read the following rules and regulation and are aware of the guidelines my daughter will have maintain to be a member of GIRLFRIENDS. I also allow for my daughter to participate in open discussions and attend any field trips that will be scheduled for the month. All parents will be notified in advance of monthly topics and activities that will be held.

Name of participant: _____

Signature: _____

Date: _____

Parent of participant: _____

Signature: _____

Date: _____

GIRLFRIENDS' representative

Name: _____

Signature: _____

Date: _____