



Join us at our annual Adult Camping Weekend!

**Friday, August 21–Sunday, August 23, 2020
at Camp Laughing Waters in Gilbertsville, PA**

Whether you want to enjoy a relaxing weekend with friends, build memories at Girl Scout camp or want to get back in touch with old friends or make new ones, GSEP Alumnae Association's Adult Camping Weekend (ACW) is the weekend for you!

All Proceeds Benefit the GSEP Older Girl Scholarship Fund.

Register online at gsep.org/adult-camping-weekend/

Registration closes two weeks prior to stated date or when full. See website for Refund/Wait List Policy. Return this form to ACW, GSEP, 330 Manor Road, Miquon, PA 19444. For more information please contact acw@gsep.org or 267.332.8563.

WEEKEND

EXCITEMENT INCLUDES:

- Climbing wall
- Swimming and smoothies by the pool
- Silent auction fundraiser
- Outdoor sports and games
- Canoeing on a nearby lake
- Creative crafts
- Singing and s'mores by the campfire
- Flush toilets and showers throughout
- Option to sleep in air conditioning

Name: _____		Date of Birth (must be 18 years or older): _____
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		Email: _____

☐ Yes! I will attend Adult Camping Weekend at \$60.

☐ Entire weekend ☐ Saturday only

50% of your registration fee is tax-deductible and benefits the Older Girl Scholarship Fund.

Please indicate your accommodation preferences: ☐ Cabin ☐ Tent

For dietary restrictions, physical limitations, including sleeping accommodation requirements (e.g. a lower bunk, electricity, etc.), please contact Deb Walters at debwalters1256@gmail.com.

☐ I am unable to attend, but please accept the enclosed donation.

☐ I would like to contribute to and/or solicit for new items/gift cards for the Silent Auction. All items must be submitted by June 1, 2020 in order to be included, unless other arrangements have been made.

Contact Ann Donley at anndonley28@gmail.com with questions regarding Silent Auction.

PAYMENT INFORMATION:

☐ Enclosed is a check or money order for \$ _____ payable to Girl Scouts of Eastern Pennsylvania.

☐ Please bill my: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card number | _____ | Expiration Date Month: | _____ | Year: | _____ |

Amount \$ _____ Signature of Cardholder: _____