

Join us at our annual

Adult Camping Weekend!

Friday, August 20-Sunday, August 22, 2021 at Camp Laughing Waters in Gilbertsville, PA

Whether you want to enjoy a relaxing weekend or just the day 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 event for you!

All Proceeds Benefit the GSEP Older Girl Scholarship Fund.

Register online at gsep.org/acw

EVENT 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
- * Activities are subject to change
- ** All GSEP COVID protocol in place at the time of the event will be followed.

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 267.422.2533

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.	$\ \square$ I am unable to attend, but please accept the enclosed donation.
☐ Entire weekend ☐ Saturday only	$\hfill \square$ I would like to contribute to the Silent Auction.
50% of your registration fee is tax-deductible and benefits the Older Gir. Scholarship Fund.	Contact Ann Donley at anndonley28@gmail.com with questions regarding Silent Auction.
Please indicate your accommodation preferences: Cabin Tent	This year ACW will offer an oline auction and in-person auction
For dietary restrictions, physical limitations, including sleeping accomm contact Deb Walters at debwalters1256@gmail.com.	odation requirements (e.g. a lower bunk, electricity, etc.), please
PAYMENT INFORMATION:	
□ Enclosed is a check or money order for \$ payable to Girl	Scouts of Eastern Pennsylvania.
□ Please bill my: □ VISA □ MasterCard □ Discover □ Amer	ican Express
Card number	Expiration Date Month: Year:
Amount \$ Signature of Cardholder:	