



HOLIDAY EXTRAVAGANZA 2018

Who: Girls 6th - 12th grades.

What: Spend the weekend with the talented and creative members of our Girl Scout Alumnae and friends and return home with lots of hand-made gifts, decorations and ideas to create your own hand-made items.

Where: Camp Bothin, 3125 Sir Francis Drake Blvd., Fairfax (Marin County)

When: November 2, 3, 4, 2018
Check in Friday evening between 7-8 pm, check out Sunday at 11:00 am

Cost: \$120 for registered Girl Scout
\$160 for non-registered Girl Scout



Includes: Event patch, Holiday decorations, gifts and cards for family and friends. Snacks Friday evening, and Saturday morning/afternoon/evening. Breakfast, Lunch and dinner on Saturday. Breakfast on Sunday. On Friday evening: Service Projects, cards, gift tags, etc.

Saturday evening: Creation of additional gifts/holiday decorations

Each girl must register on a separate form (this is not a troop event).

You will be sent a list of workshops on October 1st and will have the opportunity to rank your preferences and return by email by October 10th. Workshops will then be assigned on a first come, first served basis.

Cancellation and refund requests must be made in writing. Thirty (30) days' written notice is required to receive 50% of registration fee. There are no refunds if less than 30 days written notice is given except for medical reasons. Refunds for medical reasons will only be processed if notification is made before the event and is followed within one week by a written refund request accompanied by a doctor's note. Refunds will not be issued for no-shows. The Girl Scout membership fee is non-refundable.

FINAL EVENT REGISTRATION DEADLINE - September 30, 2018

**Mail form and check to Holiday Extravaganza,
Carleen Butz, 34 Trestle Drive, Hayward, CA 94544**

For questions, call Martha Bratton @510/427-8105, e-mail dpueblos@aol.com
or Carleen Butz @510/427-3524, e-mail carleenbutz@yahoo.com



Girl Scout Holiday Extravaganza

November 2, 3, 4, 2018 - Camp Bothin, Fairfax

Application and Health Form

Camper First Name _____ Last Name _____ Birthdate: _____

Camper E-mail _____ Family e-mail: _____

Address: _____ City _____ Zip _____

School _____ Grade _____ Troop: _____ Bunk with _____

HEALTH INFORMATION (to be completed by parent)

Physician's Name _____ Telephone (____) _____

Insurance Co. _____ Policy/Group number _____

Please list all food restrictions, allergies, special needs or health problems that staff should be aware of.

Include all medications your daughter is currently taking

NOTE: All medications must be labeled, put in plastic bag with name/instructions and given to the First Aider on arrival

or () **My daughter has no known allergies, food restrictions or special needs.**

HEALTH INFORMATION PRIVACY STATEMENT

The girl health history record is for health concerns at specified events only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health history record will be retained by the sponsoring council until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedure for handling the health history record information and agree to release of any records necessary for treatment, referral, billing or insurance purposes.

My daughter can be given the following medications for headache, cramps or cough during the weekend if she requests it. Please initial _____ Advil _____ Tylenol _____ Robitussin cough syrup

My daughter, _____, has permission to attend Holiday Extravaganza at Camp Bothin on Nov. 2, 3, 4, 2018. I give permission for my daughter to receive emergency medical or surgical treatment and to be hospitalized if necessary. It is understood every attempt will be made to contact me below before taking action.

Parent/Guardian Printed Name _____

Parent/Guardian Signature: _____ Date: _____

Home phone _____ Cell phone _____

RETURN THIS FORM with \$120/\$160 (check payable to Girl Scout Alumnae)
BEFORE September 30, 2018

Mail to: Holiday Extravaganza, 34 Trestle Drive, Hayward, CA 94544