

## **Camp Promotion Information**

Complete the following information and submit to GSBDC to be inserted in a camp flier template. Printed copies of your fliers may be requested for your camp. The information provided may need to be edited for allowable space available on the flier template. You will receive a copy to preview before it is printed.

Please allow a minimum of thi	ree weeks for the editing/printing/shipping process	s before needed.
Name of Camp:Service Unit (s)		Unit (s)
Camp Director:	Email:	
Phone # (home):	(cell):	(work ):
Dates of Camp:	Time of Camp	o:
Location of Camp:		
Address:	City, State, Zip Code:	
	☐ Twilight Camp ☐ Partial Week Camp ☐ Week (Weekend version) ☐ Resident Camp	tend Camp
Camp Program Highlights (W	rite in promotional style. This is the opening par	agraph of the flier):
Fall School Grade Levels Camp	is Available to:	
	or Nursery Units are available:	
Additional T-Shirt Cost (if appl	icable):	
Γ-Shirt Sizes Available (Child/A	adult) <u>:</u>	
Additional Patch Cost (if applic	able):	
Registration Deadline:		
Additional Camp Information:		
Contact Person, phone # and en	mail for flyer:	
Make Checks Payable to:		
Mail Registration Form to:		
Participants can expect a camp	confirmation/Info packet sent by what date:	
Number of Flyers Requested: _		
Name of Person to be shipped t	o:	
Shipping address:		
For more information regardin	g day camp flyers, please contact the Camp & Tra	avel Manager.
Mail to Girl Scouts of Black D Council. Attn: Program Mana 321 Virginia St., W., Charlesto Phone: (304) 345-7722 • Fax:	ger on, WV 25302	For Office Use Only:

345-6427 PRO-34 5/17