LASU Campout Troop Registration Payment Summary
Troop # (s) _____

TROOP LEADER: Please return this form with the following:

1. Troop Check #_____ includes payment for all participants listed below.
2. Signed Camp Champion's Visitor Agreements for all participants listed below.

WE WILL NOT REGISTER YOUR TROOP WITHOUT THESE ITEMS.

Name	girl	adult	over night	day	Visitor Agree ment	paid

Total overnight campers ____ x $ 80 = _____
Total day campers ____ x $ 55 = _____

Troop Check #_____ Total = $_____ **Please include ONE check, payable to GSCTX LASU.**

Special requests? (Cabin number, location, etc.) We will do our best to accommodate each Troop Leader.

_____

_____

In case of questions from the LASU Campout Committee, please write the name and phone/email of the person completing this form:

Name:_____ Email and/or Phone #: _____