Girl Scouts
Heart of New Jersey

Discover Your World

Explore the worlds of
Image Consultants, CSI Agents, Artisans and Nutritionists.

Join us for one week of indoor and outdoor activities that will help you *Discover Your World*!

Where:

Location W-A: Westminster Academy #26
Westminster Ave, Elizabeth, NJ
Week 1: July 6 – 10 (M-F)
9:00 a.m. – 4:00 p.m.

or Week 2: July 13 – 17 (M-F)
9:00 a.m. – 4:00 p.m.

or Week 3: July 20 – 24 (M-F)
9:00 a.m. – 4:00 p.m.

Location W-B: Camp Letico
Independence Dr, Roselle, NJ
Week 1: July 6 – 10 (M-F)
9:00 a.m. – 4:00 p.m.

or Week 2: July 20 – 24 (M-F)
9:00 a.m. – 4:00 p.m.

Location W-C: George Washington School
1530 Lesley St, Hillside, NJ
July 13 – 17 (M-F)
9:00 a.m. – 4:00 p.m.

Location W-D: Liberty Hall Museum
1003 Morris Ave, Union, NJ
July 27 – 31 (M-F)
9:00 a.m. – 4:00 p.m.

Location W-E: Grover Cleveland School
486 E. Milton Ave, Rahway, NJ
August 10 – 14 (M-F)
9:00 a.m. – 4:00 p.m.

Location W-F: Calvary Baptist Church
324 Monroe Ave, Plainfield, NJ
August 3 – 7 (M-F)
9:00 a.m. – 4:00 p.m.

Who: Girls entering grades 5th - 8th

Cost: $100 per week*
If financial aid is needed, visit www.gshnj.org & click on the *forms* icon or call Sue DeCarlo 908.232.3236 x1204

Questions: Contact Renee Jackson 973-746-8200 x141 or visit our website at www.gshnj.org

Registration: Mail completed form below with payment to: Girl Scouts Heart of New Jersey, 120 Valley Road, Montclair, NJ 07042, Attn: Program Registrar. **Registrations are due 2 weeks prior to selected week**.

Discover Your World – Registration Form (one form per girl)

Select a Location *(Limit- one location and one week per girl)*

☐ Location W-A (Circle Wk: 1 2 or 3) ☐ Location W-B (Circle Wk: 1 or 2) ☐ Location W-C ☐ Location W-D ☐ Location W-E ☐ Location W-F

Girl Name_____ Phone_____
First Last Day Evening

Address_____
Street City/State/Zip

School_____ Grade (entering in Fall 2009)_____

***Currently a Girl Scout?**

☐ Yes, Troop#_____ → **Cost: $100** ☐ No ($10 Girl Scout Membership fee is required) →**Cost: $110**

Payment:

☐ Check or Money Order made out to *Girl Scouts Heart of New Jersey*

☐ MasterCard ☐ Visa ☐ American Express Credit Card Number_____ Exp Date_____

Signature X_____ Name on Card_____

MAIL to: Girl Scouts Heart of New Jersey, 120 Valley Road, Montclair, NJ 07042