

Your girl is invited to join us for the 38th annual



CAMP SUNSHINE

A FREE DAY CAMP

for girls entering 2nd-5th grades in Fall 2026

June 1st - June 5th

9:00 am - 3:00 pm

****Friday, June 5th pick up will be at 4:30pm****

Camp Sunshine will take place on the campus of Montgomery Academy lower campus,
1550 Perry Hill Road, Montgomery, AL 36106.

Girls will need to be dropped off daily *no earlier than 8:30 a.m.* and
be picked up *no later than 3:15 p.m.* daily.

What is Camp Sunshine?

Camp Sunshine is sponsored by Girl Scouts of Southern Alabama and other community partners to offer girls a safe, fun-filled week of activities at no cost. Girls do not have to be a Girl Scout to be eligible to participate--all girls are welcome! Girls will be led all week by trained staff and volunteers, including a volunteer nurse.

What will my girl do?

Each day will be packed with educational and fun, interactive games, activities, crafts, dancing, singing, and just overall fun! Each day your girl will be provided with two snacks and lunch.

On Friday, June 5th girls will spend a day at Girl Scout Kamp Kiwanis on Lake Martin. They will enjoy a day of water activities, archery, arts and crafts, and so much more!

Please complete the enclosed application
NO LATER THAN May 8th

E-mail application to customercare@girlscoutssa.org OR
Mail/Drop Off: 2501 Bell Road, Montgomery, AL 36117

Camp reservations are on a first come, first serve basis, and is limited to a maximum of 75 girls.



Monday, June 1 – Friday, June 5, 2026

Camp Sunshine for Girls is for campers entering 2nd – 5th grade in the fall of 2026. Applications are accepted on a first-come, first-served basis for a maximum of 75 girls. For questions, please call 334-272-9164 or email customercare@girlscoutssa.org.

Applications are due to Girl Scouts of Southern Alabama by Friday, May 8, 2026. Please complete this form and submit it by email to customercare@girlscoutssa.org or mail to Girl Scouts of Southern Alabama, 2501 Bell Road, Montgomery, AL 36117.

CAMPER INFORMATION

Camper Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Email Address _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

School _____ Grade _____ Have you attended Camp Sunshine before? _____ Yes _____ No

T-shirt size Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL

Shoe Size _____

EMERGENCY CONTACT INFORMATION

An emergency contact is necessary in the event that the parent/guardian listed above cannot be reached. A camper's emergency contact **may not be** the parent/guardian listed above.

Emergency Contact Name _____ Email Address _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Camper _____

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PARENT/GUARDIAN SIGNATURE,
EMERGENCY CONTACT INFORMATION, AND A COMPLETE HEALTH HISTORY RECORD!**

I GIVE MY CHILD PERMISSION TO:

- Attend Camp Sunshine for Girls on Monday, June 1, through Friday, June 5, 2026.
- Appear in photographs to promote Girl Scout programs.
- If needed, receive emergency medical treatment.
- I understand and agree that my camper will become a registered member of the Girl Scouts of the USA by virtue of her participation in Camp Sunshine for Girls 2026.

PARENT/GUARDIAN SIGNATURE: _____

Please complete the opposite side.

CAMPER HEALTH HISTORY RECORD

Physician/Medical Practice Name _____ Phone Number _____

My camper has a history of the following medical conditions: (check all that apply)

Fainting Diabetes Asthma Hay Fever

Please specify any allergies (food, bees, medicine, etc.): _____

Does your camper have any additional medical issues we need to be aware of? _____

PARENT/GUARDIAN AUTHORIZATION: This health history is correct as far as I know, and my camper has permission to engage in all Girl Scout activities. In the event that I cannot be reached in an emergency, I give permission to the Camp Sunshine nurse or a Doctor to provide the proper medical treatment and to admit my camper to a hospital if necessary.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CONSENT TO ADMINISTER MEDICATION FORM (only complete if necessary)

If your camper will require medication to be administered at Camp Sunshine during the hours of 9 a.m.-3 p.m., please complete the following:

Please send your child's medications in their original container, placed inside a zip-lock bag each day.
All medications will be administered by the camp nurse. The camp nurse will return medications to your camper at the end of each day for the camper to bring home.

I, _____ give the Camp Sunshine nurse(s) permission to administer medication
(Name of Parent/Guardian)

to my camper _____ during the week of Monday, June 2 – Friday, June 6, 2025.
(Name of Camper)

Medications/Dosage/Frequency:

1. _____
2. _____
3. _____

Name of Parent/Guardian (print) _____ Phone Number(s) _____

Signature of Parent/Guardian _____ Date _____