

MARSHES
OF
GLYNN



TROOP/GROUP PROGRAM REGISTRATION

PROGRAM NAME: _____ DATE OF PROGRAM: _____
TIME (BEGINS) _____ TIME (ENDS) _____

TROOP/GROUP # _____ Leader/Advisor _____

Home Phone _____ Cell Phone _____

Email Address _____

Girl Participants	Adult Participants
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	# Girls _____ X \$ _____ = _____
11. _____	# Adults _____ X \$ _____ = _____
12. _____	Total = _____
13. _____	