



PROGRAM NAME _____

Date of Program _____

Time (Begin) _____ Time (Ends) _____

Please Register Add on to Original Registration

Troop # _____ Grade Level _____

County/Service Unit _____

Leader/Advisor _____

Address _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Email Address _____

Send confirmation letter via (check one) E-mail Mail

Indicate if any Girl Scout participant needs the following:

Wheel Chair Accessibility Physical Assistance

Dietary Needs Financial Assistance

*Please explain any checked items on the back of this form.

GIRL PARTICIPANTS

Name	Grade
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____

*Please list additional participants on the back of this form.

Troop Leaders/Groups/Families

I understand that I am responsible for securing written parental permission for event participation for each girl in my troop/group who is under 18 years of age, and health history forms for girls and adults.

Signature _____ Date _____

PAYMENT INFORMATION

Girls _____ x \$ _____ = \$ _____

Adults _____ x \$ _____ = \$ _____

_____ = \$ _____

_____ VISA _____ Check/Money Order
_____ MasterCard _____ Cookie Dough

Signature _____

Account # _____

Expiration Date _____ / _____

Name as it appears on card _____

3-Digit Security Code _____

T-SHIRT SIZES (How many of each if included in the program fee)

____ YS ____ YM ____ YL
____ AS ____ AM ____ AL ____ AXL

WAITING LIST / REFUND

If the event is full, process my registration as follows: (check one)

_____ Waiting List _____ Refund

_____ Transfer funds to another event

_____ (name of event) _____ (event date)

ADULT PARTICIPANTS

All troops/groups must adhere to adult-to-girl ratio standards outlined in **Safety Wise (2000 Edition)**. Please review this information before registering your troop.

Adult's Name _____

Adult's Name _____

Adult's Name _____

First Aider _____

Outdoor Skills Level 1 Level 2 Level 3 Level 4

STATISTICAL INFORMATION

	# Girls	# Adults
African American	_____	_____
Asian American	_____	_____
Caucasian	_____	_____
Hispanic	_____	_____
American Indian	_____	_____
Other	_____	_____

FOR OFFICE USE ONLY

Date/Time Received _____

Trans # _____ Initials _____

Total Girls _____ Adults _____ \$ _____

Refund / Transfer Date _____ Trans# _____