

# EVENT REGISTRATION FORM FOR GROUPS

Use this form to register for an event as a troop or group. (Individual girl registrants and/or new members should use the Event Registration Form for Individual Girls.) Registrations are accepted through the deadline listed in the event information. Payment for all participants must accompany the registration form. By submitting this registration form and payment, you acknowledge that you have read, understand, and will abide by the council's policies and procedures regarding events, including those listed in the Event Registration Information.

**GROUP LEADER CONTACT INFORMATION**

Group Leader's Name \_\_\_\_\_ Day Phone # (\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Group Leader's E-mail Address \_\_\_\_\_  
 Grade Level (circle) K-1 2-3 4-5 6-8 9-10 11-12 Troop # \_\_\_\_\_ Service Area \_\_\_\_\_

**REGISTRATION INFORMATION** - List additional information on back of form, if needed.

Event Name \_\_\_\_\_ Event Code/Session # \_\_\_\_\_ Date \_\_\_\_\_  
 Total # of Girls Attending \_\_\_\_\_ Total # of Adults Attending \_\_\_\_\_

Adults' Names	Dietary Restrictions, Medications, Health Concerns, or Other Special Needs	Grants/Financial Assistance Requested
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Girls' Names	Age	Grade	Dietary Restrictions, Medications, Health Concerns, or Other Special Needs	Program Credit Requested/Enclosed	Grants/Financial Assistance Requested
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
6.				\$	\$
7.				\$	\$
8.				\$	\$
9.				\$	\$
10.				\$	\$

**PAYMENT INFORMATION**

	# Attending	Price/Person	Sub-Total
Girls		x \$	= \$
Adults		x \$	= \$
Patches **		x \$	= \$
<b>TOTAL AMOUNT DUE</b>			<b>= \$</b>

\*\* When included in the event fee, official Girl Scout awards or other recognitions (such as event participation patches) will be given only to girl participants who are actually in attendance at the event. Adult chaperones may purchase additional event participation patches, if available.

Payment Method	Amount	
Grants/Fin. Asst. Requested - <i>Form(s) enclosed</i>	\$	
Program Credit Requested/Enclosed	+ \$	
Cash Enclosed	+ \$	
Check(s)/Money Order(s) Enclosed	+ \$	
Credit Card Circle one: Am Ex    Dscvr    MstrCrđ    Visa # _____ - _____ - _____ - _____ V-Code _____ Exp. Date ____/____ Signature _____	+ \$	
<b>TOTAL AMOUNT ENCLOSED</b>		<b>= \$</b>

