



Troop/Group Program Registration Form

Register online at girlscoutsgcnwi.org or mail form to:
 Program Registrar, 2400 Ogden Ave., Suite 400, Lisle, IL 60532-3933

FOR OFFICE USE
RECEIVED \$ _____
DATE _____

SUBMIT ONE FORM AND PAYMENT PER PROGRAM

Health history form must accompany girl to event/workshop.

Troop #: _____ Service Unit: _____ Leader/Volunteer: _____

Address: _____ City/Zip: _____

Phone: _____ E-mail: _____
 (Confirmations will be e-mailed, so please print clearly)

_____ of girl participants # _____ of adult participants (if allowed)

	Program Code	Program Date	Program Name	Program Fee	* New Member Fee	Total Due
Program 1						
Program 2						

- I understand that participating troops must provide girl/adult ratio unless otherwise noted.
- I have read and agree with the program information and refund procedure in this brochure.
- I am available to lend a hand at this event. Name: _____

Payment (due now) Credit card Debit Card My check (payable to Girl Scouts).

Name (as it appears on card): _____

Billing Address: _____ City/State/Zip: _____

Phone Number: (day) _____ (cell) _____

MasterCard Visa Discover Debit Card Card #: _____ Exp. Date: _____
 Month/Year

Cardholder Signature: _____ Date: _____

List each girl attending: (attach additional sheet if needed)

Girl (First and Last Name)	Level and Grade	Special Needs	Photo Permission on File
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