



Girl/Individual 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.

Girl Name: (Last) _____ (First) _____ Troop # (if applicable) _____

Address: _____ City/Zip _____

Phone: _____ E-mail: _____

(Confirmations will be e-mailed, so please print clearly)

Level: Daisy Brownie Junior Cadette Senior Ambassador Grade: _____

I am currently a registered Girl Scout I am registering now as a Girl Scout (*add \$12)

Special needs/medical conditions: _____

I am applying for financial assistance (attach Financial Assistance Application form)

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

Parent/Guardian Printed First and Last Name: _____

I am available to lend a hand at this event.

I have read and agree with the program information and refund procedure in this brochure and give my daughter/ward permission to attend.

Any photographs or films taken in which my daughter appears may be used for promotion or as deemed appropriate by the Girl Scout council free of any claims on my part. Yes No

Parent/Guardian Signature: _____ Date: _____

Payment (due now) Credit card Debit Card My check (payable to Girl Scouts). If registering for more than 1 program, please use separate checks.

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: _____