girl scouts of greater chicago and northwest indiana

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
			◯
			◯
			◯
			◯
			◯
			◯
			◯
			◯
			◯
			◯