

Event Registration Form

PLEASE PRINT CLEARLY

Complete a separate form for each program and training event, and provide all the information requested. You may duplicate this form as needed. Fax your registration with credit card information to 651-227-7533, or mail with payment to: 400 Robert Street South, St. Paul, MN 55107. You may also register on the Web site at www.girlscoutscv.org with a credit card.

Registering as a: <input type="checkbox"/> Troop/Group <input type="checkbox"/> Individual Girl Scout <input type="checkbox"/> Juliette <input type="checkbox"/> Adult <input type="checkbox"/> Additional Participant	
Name:	Date:
Address:	Home Phone: ()
City/State/Zip:	Work Phone: ()
E-mail Address:	
Service Unit:	Troop/Group #:
Program Age Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior STUDIO 2B: <input type="checkbox"/> 11-13 <input type="checkbox"/> 13-15 <input type="checkbox"/> 15-17	
Event Name:	Event Code:
Date (first choice):	Date (second choice):
Location:	Time:

If registering as a troop/group, please list all program participants below (if additional spaces are required, continue list on back of this form or attach your own participant roster. If you attach your own roster, include all information requested on the form below). Registrations without a complete participant list will be returned to you for complete information.

Name – Last, First, M.I.	Phone	Girl	Adult	Special Needs (accessibility, dietary, interpreter, etc.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Payment and grant applications must be submitted with registration. Registration cancellations must be received in writing 30 days prior to the event to be eligible for fee refund.

Payment Information	Cost per girl: _____ x _____ # of girls = _____	} ^{ADD}	Total Enclosed: _____
	Cost per adult: _____ x _____ # of adults = _____		
Method of Payment: <input type="checkbox"/> Check or money order payable to GSCSCV <input type="checkbox"/> Charge my credit card			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AmEx			Amount to Charge:
Credit Card Number:			Expiration Date:
Name on Card:			Signature:

Event Registration Form (continued)

Please list any additional program participants below. If you attach your own roster, include all information requested on the form below). Registrations without a complete participant list will be returned to you for complete information.

Name – Last, First, M.I.	Phone	Girl	Adult	Special Needs (accessibility, dietary, interpreter, etc.)
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