



# GIRL EVENT REGISTRATION FORM

*MISSION: Girl Scouting builds girls of courage, confidence and character, who make the world a better place.*

**To Register:**

1. Complete the form below and the Health Permission Form for your daughter if it is an overnight event.
2. NO REGISTRATIONS will be accepted by fax unless paid for by credit card.
3. All fees must be paid in full at the time of registration.
4. All confirmation and event information will be sent prior to the event.

Please note: Registration deadline is typically two weeks prior to the event. No refunds or transfer of funds after the registration deadline. All registrations are first come, first served basis.

*Confirmations are sent one week before the course by e-mail. Your confirmation will ask for your special needs.*

**EVENT INFORMATION** *(only one program may be REGISTERED on one form)*

Event Name \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit # \_\_\_\_\_

Location \_\_\_\_\_ Date of the Event \_\_\_\_\_ Time \_\_\_\_\_

**ADULT INFORMATION** *(all confirmation and event information will be sent to adult listed below)*

Adult Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Day Evening

Emergency Contact \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Day Evening

**PLEASE LIST ALL ATTENDING TROOP ADULTS/GIRLS** *(attach additional sheet if necessary)*

GIRLS ATTENDING	GRADE AT SCHOOL	GIRLS ATTENDING	GRADE AT SCHOOL	ADULTS ATTENDING

## I'M ATTENDING AS AN INDIVIDUAL GIRL *(not with my troop)*

Girl Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Attending Adult \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*If different from above address*

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*Day Evening*

Emergency Contact \_\_\_\_\_  
*If parents can't be reached*

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*Day Evening*

## PREFERENCES *(offered only in certain events)*

Girl's T-shirt Size (if applicable)      X-S      S      M      L      XL      2XL

Parent's T-shirt Size (if applicable)      S      M      L      XL      2XL

We would like to bunk with \_\_\_\_\_

Activities we are looking forward to doing include \_\_\_\_\_

## PAYMENT INFORMATION

\_\_\_\_\_ # Girls x \_\_\_\_\_ Cost = \$ \_\_\_\_\_ **AND** \_\_\_\_\_ # Adults x \_\_\_\_\_ Cost = \$ \_\_\_\_\_

\_\_\_\_\_ # Shirts x \_\_\_\_\_ Cost = \$ \_\_\_\_\_  
*Offered only in certain events; please check on the event description.*

**TOTAL FEE ENCLOSED = \$ \_\_\_\_\_**

### Payment Method

Cash     Check (payable to GSCP2P)     Credit/Debit card (fill out information below)

### Credit Card Information (only required if paying by credit/debit card)

Visa     MasterCard     American Express     Discover

Account Number \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_ CVV Code (3-4 digits on back) \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

## INSTRUCTIONS

To complete your registration, submit form by:

- Online registration at <https://gsusa.ebiz.uapps.net/VP/Default.aspx?pid=33>.
- Scan / E-mail to [registrar@girlscoutsp2p.org](mailto:registrar@girlscoutsp2p.org). Please enter program event title in e-mail subject line.
- Fax to 828-328-6870.
- Mail to GSCP2P, Attn: Event Registration, 5304<sup>th</sup> St. SW, Hickory, NC 28602.
- A Health Permission Form is required for all overnight programs.

### OFFICE USE ONLY

Date Received _____	Service Center _____
Batch/Receipt Date _____	Received By _____
Batch # _____	Date Entered _____