

TO REGISTER:

1. Complete the registration form below AND a 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:

1. **REGISTRATION DEADLINE IS: 2 weeks prior to the event**
2. No refunds or transfer of funds after registration deadline.
3. All registrations are first come, first served.
4. Questions regarding registration, please contact Sarika Mohan at 336-369-7448 or smohan@girlscoutsp2p.org

Send my confirmation by:

Email **(OR)** Regular Mail

If you have not yet received a confirmation 2 wks prior to event please contact Sarika.

Please print all information in blue or black ink.

Program Level (circle): *D* *Br* *Jr* *Cd* *Sr* *Am* *Adult*

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

EVENT NAME		Troop #:	SU #:
Location:	Date of the Event:	Time:	

ADULT INFORMATION (all confirmation and event info will be sent to the adult listed below)

TROOP ADULT (OR) PARENT	Name: (First, Middle, Last)		
Address:	City:	State:	Zip:
Email:	Home Phone: () () ()	Work/Day Phone: () () ()	Cell/Other Phone: () () ()
Emergency Contact:	Home Phone: () () ()	Work/Day Phone: () () ()	Cell/Other Phone: () () ()

PLEASE LIST ALL ATTENDING TROOP ADULTS AND 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):

Name: (First, Middle, Last)	Date of Birth:	Age:	Grade:
Address:	City:	State:	Zip:
Name of Attending Adult: (First, Last)	Home Phone: () () ()	Work/Day Phone: () () ()	Cell/Other Phone: () () ()
Address: (if different from above address)	City:	State:	Zip:
Emergency Contact (if parents can't be reached):	Home Phone: () () ()	Work/Day Phone: () () ()	Cell/Other Phone: () () ()

PREFERENCES (OFFERED ONLY IN CERTAIN EVENTS - PLEASE CHECK ON THE EVENT DESCRIPTION)

Girl's T-Shirt Size: (if applicable) __CM __CL __AS __AM __AL __AXL __A2X	We would like to bunk with:
Parent's T-Shirt Size: (if applicable) __AS __AM __AL __AXL __A2X	Activities we are looking forward to doing are:

PAYMENT INFORMATION

_____ # Girls X _____ Cost = \$ _____ _____ # Adults X _____ Cost = \$ _____ TOTAL FEE ENCLOSED: \$ _____	Payment Method: <input type="checkbox"/> Check/M.O. <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card Credit Card Info: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx Cardholder Name: _____ Acct #: _____ Exp Date (mo/yr) _____ CVV #: _____ (3-digit # on the back side of card or 4-digit # on the front of AmEx card.) Billing Address: _____ City: _____ St: _____ Zip: _____ Hm#: () _____ Wk#: () _____ Authorized Signature: _____
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MAIL TO: Girl Scouts Carolinas Peaks to Piedmont
(Colfax Service Center)
Attn: Event Registration
8818 W. Market St.
Colfax, NC 27235

FAX #: 336-369-7476 (for registrations with credit card payments only)

A "HEALTH/PERMISSION FORM" IS NECESSARY FOR ALL OVERNIGHT PROGRAMS.