## Girl Scouts of Virginia Skyline Council

## PROGRAM REGISTRATION FORM

Please use a separate form for each program event registration. Complete all the information clearly and carefully. Send the completed registration form with fees to the <u>registrar</u> listed for the event. Or send to GSVSC, 3663 Peters Creek Road, NW, Roanoke, VA 24019. Make checks payable as instructed in the specific information regarding registration for the event. Credit cards are accepted for some event fees. See the event description.

Program name:				
Location:				
First choice: Date:		Time:		
Second choice: Date:		Time:		
Do you wish to be placed on a waiting list if the event is full?				
Age level: Daisy Brownie Junior Cadette Senior Ambassador Adult				
Troop/group number:	OR ☐Individual	OR 🗆	Non-Girl Scout	
Service unit:				
For troop/group: Leader's name:				
For individual: Girl/adult's name:				
Mailing address:				
City:		State:	Zip:	
Day phone number:		Evening phone number:		
E-mail address:				
Can you receive e-mail attach	nments?	Do you prefer: ☐E-mail or [	Mail notices about events?	
Emergency contact during event:				
Phone number: or				
ADULTS – All troops/groups must meet Safety Activity Checkpoint guidelines for minimum girl/adult ratios. You may also need a certified first-aider. A minimum of two adults must be listed on all troop/group registration forms. Include first and last names, complete addresses, and phone numbers. For additional names, attach another sheet of paper. Please star (*) adults who are not registered Girl Scouts.				
NAME	ADDRESS		PHONE NUMBER	

**GIRLS** – Include first and last names, complete addresses, and phone numbers. For additional names, attach another sheet of paper. Please star (\*) girls who are not registered Girl Scouts. Permission forms must accompany the troop/group to the event.

NAME	AGE/GRADE	ADDRESS	PHONE NUMBER

Please list any special needs (auditory, visual, ambulatory, etc.). Be specific.	

Information for an **individual** attending an event:

My (our) daughter/ward has permission to attend the event listed on the front of this form. I authorize the event staff to secure necessary emergency medical care and treatment in case of an emergency, if I cannot be reached. I understand that if an emergency does arise, I will be notified as soon as possible. I give permission for my daughter/ward to appear in photos for publicity of Girl Scouts of Virginia Skyline Council.

Parent/guardian signature:	Date:
Parent/guardian signature:	Date:

For LIT (Leader-in-Training) Home Study, please check on				
I will do my LIT apprenticeship work with a troop at this age level: Daisy Brownie Junior				
Additional information needed for event (i.e., country choices for International Fair, etc.):				
Number of girls attending: x Program fee/dep	osit: \$ = \$			
Number of adults attending: x Program fee/dep	osit: \$ = \$			
Number of adults attending: x Program fee/dep	Program fee/deposit: \$ = \$			
Number of other items: x Item cost: \$ = \$				
Type of other items (t-shirts, patches, etc., as listed in the e	vent description):			
If ordering t-shirts, please list sizes:YMYLASAMALAXLAXXLAXXXL				
If ordering t-shirts, please list sizes:YMYL	_ASAMALAXLAXXLAXXXL			
	AS AM AL AXL AXXL AXXXL  Check			
	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by: CREDIT CARD INFORMATION: Visa MasterCard	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			
TOTAL DUE: \$ Fee paid by:	Check			

FOR OFFICE USE ONLY	
Date received:	Confirmation sent:
Amount: \$	Receipt number: