

2010-2011 Troop Event Registration

Complete all applicable sections. Please print. Make copies as needed.

Please complete the financial information below for the events that your troop is planning to attend. Then complete an Attendee Form for EACH event and send with your payment. You may make copies of the Attendee Form on the reverse side so that you have one for EACH event.

Troop # (if known) _____ Current Age-level of Troop (please circle all that apply) **D B J C S A**

Troop Leader Name _____

Day Phone _____ Evening Phone _____ Cell Phone _____

E-mail _____

Address _____ City _____ State _____ Zip _____

Name of Program	Date of Event	Time of Event	# of Girls	Cost per Girl	Amount of Product Sale Certificates	Subtotal of Girl Fees	# of Adults/ Family Members	Subtotal of Adults/ Family Member Fees	Amount Due
Total Due									

Special Note—Some programs require additional information, please provide that here.

Payment Method: Cash Check Visa MasterCard Discover Am. Ex.

Card # _____ Exp. date ____/____/____ Amount to be charged \$ _____

Name on card _____ Signature _____

Mail, fax or bring form and payment (payable to Girl Scouts Spirit of Nebraska) to the service center nearest you.

Complete the reverse side.

2010-2011 Troop Event Attendee Form

Please complete one for EACJ event. Make copies if needed.

So that we can adequately plan for each event, please list ALL attendees and any special needs or allergies for EACJ attendee and t-shirt or shoe size (if a t-shirt or shoes are provided). If you have more attendees than the list can accommodate, just make additional copies of the form. We understand that circumstances change and that this list may change when you get closer to the event, but by having this information in advance, we are given preliminary information for planning. Should you have someone cancel and/or you would like to add another person, let us know as soon as possible. Please see refund/cancellation policy.

Event _____ Date _____ Session # _____ Troop # (if known) _____

Leader name _____

Address _____ City _____ State _____ Zip _____

Cell phone _____ Home phone _____

E-mail address _____

PLEASE NOTE: In the event of an emergency, we need to have a list of all attendees and their health information available. When you arrive at the event, please make sure you have a health history card for each girl and adult.

Girl Names Please print	Age	Age-level D B J C S A	T-shirt/Shoe size- Youth or Adult (if provided with program)	Allergies/Medical info If none, please write NONE	Special needs If none, please write NONE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Additional Adult Names Please Print	Registered Girl Scout Member? Yes or No	Phone number	E-mail address	T-shirt/Shoe size (if provided with program)	Allergies/Medical Info If none, please write NONE	Special needs If none, please write NONE
1.						
2.						