



Program Registration – Troop, Individual or Family

Please complete one form for each event. Make copies as needed. So that we can adequately plan for each event, please list ALL attendees and any special needs or allergies for EACH attendee and T-shirt size or bus stop (if a T-shirt or bus transportation is provided). If you have more attendees than the list can accommodate, please make additional copies of the form.

Program Name: _____ Date(s): _____ Time(s): _____ Location: _____

FOR TROOP 5-Digit Troop #: _____ Co-Leader Name: _____

Co-Leader Email: _____ Additional Co-Leader Email: _____

FOR INDIVIDUAL OR FAMILY Parent/Guardian Name: _____ Parent/Guardian Email: _____

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

	Girl / Adult / Sibling (please check)	Name (please print)	Grade (girl only)	Special Needs / Allergies / T-Shirt Size / Bus or other applicable information	For Council Use Only
1	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
2	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
3	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
4	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
5	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
6	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
7	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
8	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
9	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				
10	<input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S				

NOTE: Some programs require additional information. Please provide here:

of girls _____ x program fee \$ _____ subtotal \$ _____

of adults or siblings _____ x program fee \$ _____ subtotal \$ _____

TOTAL COST \$ _____

Payment Method: Cash Check Visa MasterCard Discover AMEX Cookie Dough Nut Bucks

Credit Card #: _____ CVV #: _____ Exp. Date: _____ / _____ Amount to be Charged: \$ _____

Name on Credit Card: _____ Authorized Signature: _____

Cookie Dough* Card #: _____ Nut Bucks* Card #: _____

Payment must be included before registration can be processed. *Cookie Dough and/or Nut Bucks card number must be included on registration form.

Mail, fax or bring this form plus payment (checks payable to Girl Scouts Spirit of Nebraska) to:

Omaha Service Center, 2121 S. 44th St., Attn: Program Registrar, Omaha, NE 68105, Fax: 402.558.8060.