



Program Registration by Mail

Please complete ONE form per council program. If you need more space for additional attendees, please print/complete more copies of this form.

PROGRAM INFORMATION

Program Name: _____
 Start Date: _____
 Start Time: _____
 Location: _____

CONTACT INFORMATION

5-Digit Troop #: _____
 Co-Leader or Parent/Caregiver Full Name: _____
 Phone: _____
 Email: _____

NOTE: In case of emergency, we require all attendee health information. Please keep a completed [Health History/Activity Permission Form](#) for each youth and adult while attending the council event/activity.

Attendee Full Name	Girl, Adult, or Sibling?	Girl Grade	T-shirt Size	Cookie Dough	Nut Bucks	Travel Bucks	Program Credit	Credit Card	Check	Cash	Payment Total	Program Cost
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$	\$	\$	\$

TOTAL PAYMENT ENCLOSED: \$

List Special Needs/Allergies, Bus Stop Selection, or Other Applicable Information:

CARD INFORMATION

Credit Card # _____ CVV: _____ Exp. Date: _____
 Name on Credit Card: _____
 Amount to Charge: _____ Authorized Signature: _____
 Cookie Dough* Card #: _____ Nut Buck* Card #: _____

Payment must be included before registration can be processed. For each additional card used, provide the information requested above on the back of this form or another page. *Cookie Dough and/or Nut Bucks card number must be included on registration form. Mail, fax (402.558.8060), or bring this form plus payment to: Girl Scout Spirit of Nebraska, 8601 West Dodge Rd., Ste 102, Attn: Programs, Omaha, NE 68114. Make checks payable to "Girl Scouts Spirit of Nebraska."