



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: _____ Location: _____

FOR TROOPS:

Co-Leader Name: _____ 5-Digit Troop #: _____
 Co-Leader Phone: _____
 Co-Leader Email: _____

FOR INDIVIDUAL OR FAMILY:

Parent/Guardian Name: _____
 Parent/Guardian Phone: _____
 Parent/Guardian Email: _____

NOTE: In the event of an emergency, we need to have a list of all attendees and their health information. Please have a completed **Health History/Activity Permission Form** for each girl and adult when you arrive at the event.

PAYMENT METHODS: INDICATE EACH \$ AMOUNT (PAYMENTS SHOULD EQUAL COST)

	GIRL, ADULT, OR SIBLING?	ATTENDEE FULL NAME	GIRL GRADE	PROGRAM COST	COOKIE DOUGH	NUT BUCKS	PROGRAM CREDIT	TRAVEL BUCKS	CREDIT CARD	CHECK	CASH
-	<input checked="" type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> S	Susie Creamcheese	K	\$15.00	-	-	\$10.00	-	-	\$5.00	-
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										
TOTALS:											

TOTAL PAYMENT INCLUDED: \$ _____

Special Needs, Allergies, T-Shirt Size, Bus, or Other Applicable Information:

Payment Method(s): Cash Check Visa MasterCard Discover AMEX Cookie Dough Nut Bucks Program Credit Travel 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. 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, 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.