



Travel Pathway Council-Sponsored Trips Adult Registration Form

Please print clearly.

Trip Name _____

Departure Date _____

Traveler Information

Name (as it appears on TSA-approved ID for airport checkpoints) _____

Date of Birth (mm/dd/yy) _____

Address _____

City _____ State _____ Zip _____

Home phone # _____ Cell # _____

Email _____

T-shirt Size (circle one): Adult: S M L XL XXL XXXL Are you a current Girl Scout member? Yes No

Have you completed a Girl Scout Spirit of Nebraska background screening within the last 3 years of the trip dates? Yes No

Emergency Contact Information

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home phone # _____ Cell # _____

Email _____

Health Information

Do you have any special needs or health conditions? Yes No

If yes, please describe below.

An Attendee Health Form is required for all trips.

Photos in which I appear may be used for promotional purposes. I understand that I am responsible for arranging transportation to and from the trip departure location unless otherwise specified. I understand the insurance carried with the Girl Scouts is accident secondary coverage.

Signature _____ Date _____

Mail, fax or bring this form and payment (checks payable to GSSN) to the Great Plains Service Center,
Attn: Travel Pathway, 2121 S. 44th St., Omaha, NE 68105, Fax: 402.558.8060.