



Travel Pathway Council-Sponsored Trips Girl Registration Form

Please print clearly.

Trip Name _____

Departure Date _____

Girl Information

Name (first, middle, last) _____ Date of Birth (mm/dd/yy) _____

Address _____

City _____ State _____ Zip _____

Home phone # _____ Girl Cell # _____

Girl Email _____

Grade Level _____ Registered Girl Scout? Yes No Troop # _____ Leader's Name _____

T-shirt Size (circle one): Youth: S M L or Adult: S M L XL XXL XXXL

Do you have experience traveling without a parent or leader? Yes No Have you ever flown before? Yes No

Please describe past travel experiences _____

Are you signing up with a friend? Yes No Friend's name _____

Parent/Guardian Information

Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Address (if different from girl's) _____ Zip _____

City _____ State _____ Zip _____

Home phone # _____ Parent Cell # _____

Parent Email _____

Additional Emergency Contact _____ Relationship _____ Cell # _____

Health Information

Does your daughter have any special needs or health conditions? Yes No

If yes, please describe them below, including any medications that may be needed during the trip.

An Attendee Health Form is required for all trips. Additionally, for any trip of more than three nights, a Physical Examination Form is required and must have been completed by a physician within 12 months of the program date.

My child has my permission to participate on the trip(s) listed above. Photos in which my child appears 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 by the Girl Scouts is accident secondary coverage. As provided by the State of Nebraska, I authorize the adult in charge to obtain necessary medical treatment for my child and I give my permission to any physician to do so.

Signature of Parent/Guardian _____ 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.