

Individual Girl Registration - Program

Complete all applicable sections. Please print. Make copies as needed.

Girl's name _____ Age _____ Registered Girl Scout? Yes No
 Address _____ City _____ Zip _____
 Date of Birth _____ Grade Level _____ Troop #/Leader Name (if Known) _____
 Parent/guardian name _____
 Parent/guardian phone #s: Day _____ Evening _____ Cell _____
 E-mail _____
 Address (if different from girl's) _____ City _____ Zip _____
 Emergency contact name _____ Relationship _____
 Phone #s: Day _____ Evening _____ Cell _____
 E-mail _____
 Address (if different from girl's) _____ City _____ Zip _____
 Girl's T-shirt Size (circle one) Youth: S M L Adult: S M L XL XXL Girl's shoe size _____

Not all events and/or camp sessions include a T-shirt or shoes.

My child has my permission to participate in the events listed below. 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 event(s) location unless otherwise specified. I understand the insurance carried by the Girl Scouts is accident 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.

Special needs or health conditions (including medication needed during program):

If there are none, please circle none. NONE

My child may be given: Aspirin _____ Tylenol _____ Ibuprofen _____ Other _____ Dosage Allowed _____

Signature of Parent/Guardian _____

| Name of Program | Date | Cost per Girl | Number of Adults | Cost per Adult | Bus Stop (Maha only, see page 100) | Subtotal |
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| Please add \$12 for Girl Scout membership registration, if not currently a member | | | | | | |
| TOTAL DUE | | | | | | |

Payment Method: Cash Check Visa MasterCard Discover Am. Ex.
 Card # _____ Exp. date ____ / ____ Amount to be charged _____
 Name on card _____ Signature _____

If registering via fax, credit card payment is required.

Mail, fax or bring this form and payment (**checks payable to GSSON**) to the Great Plains Service Center, Attn: Program Registrar
 2121 S. 44th Street, Omaha, NE 68105, Fax:402.558.8060.