



Girl Scouts®

Girl Scout Council of the Florida Panhandle, Inc.

Tallahassee Service Center ♦ 250 Pinewood Drive ♦ Tallahassee, FL 32303-4838

(850) 386-2131 ♦ (800) 876-9704 ♦ fax (850) 386-2093 ♦ www.gscfp.org

Individual Event Registration Form - Girl

Name and Date of the Event _____ Today's Date _____
 Name _____ Grade _____ School _____
 Address _____ City/State/Zip _____
 Phone (day) _____ Phone (eve.) _____ Phone (other) _____
 E-mail address _____ May we send you confirmation by e-mail? Y N

Current Girl Scout? Y N If yes, Troop # _____ Level D B J 11-17
 Girls who are not currently members of the Girl Scout Council of the Florida Panhandle, Inc. must pay the yearly registration fee of \$12. They will then be registered as members and placed on mailing lists to hear about other Girl Scout opportunities. If you would like to have your daughter join a troop, please contact the council service center.

List any health conditions or allergies (include food restrictions) that might limit your daughter's activities and any special accommodations/instructions needed:

 Name of family physician _____ Phone _____
 Name of medical insurance company _____ Group # _____
 Name of Insured _____ ID # _____
 Are all immunizations current? Y N If no, explain: _____

If I am unable to pick up my child from the event, I give the following adult permission to pick her up:
 Name _____ Phone _____

Initial here _____ if you DO NOT wish for your daughter's photo to be used for promoting the Girl Scout program. All photos remain property of GSCFP.

Refund information: Refunds will only be given if notice is received in writing prior to closing date of the event.

Celebrate GSCFP's Cultural Diversity. Please circle all that apply:
 American Indian Black Hispanic White Asian Other

Event fee \$ _____
 Other fee \$ _____

 Total Enclosed \$ _____

For credit card payment:
 Cardholder name (print) _____
 16-digit account # _____ Expires _____
 Cardholder Signature _____

Parent Permission to Attend and Authorization to Consent to Treatment for Minors
 By signing below, I agree that I have read the event description and hereby give permission for _____ to participate in the selected event.
 The undersigned hereby authorizes the accompanying Girl Scout volunteer or staff member, as our agent, to execute appropriate consent documents and/or give consent to surgical or medical treatment by a licensed physician hospital for our child, (print legal names and middle initial) _____, when such treatment is deemed necessary by such physician and we cannot be reached.
 Signature of Parent _____ Date _____