



Courage, Confidence, Character

EVENT REGISTRATION FORM

Use one form for each troop you are registering. Do not combine multiple troops on one registration form. Please keep a copy for your records.

Event Information

Event Title: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

Circle: Initial Registration / Additional Reg.

Troop/Group # \_\_\_\_\_

Contact Information

All confirmations will be emailed unless troop expresses a need to receive a mailed copy.

Leader Name \_\_\_\_\_

Telephone: Cell# \_\_\_\_\_

Home/Work# \_\_\_\_\_

Email Address \_\_\_\_\_

Participant Information – please print clearly. Use additional space as necessary.

Girl Participant (full name) Grade

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

Adult Participant (full name) Sex (M/F)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Please list any dietary/physical needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Information

# of girls \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# of adults \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# of Tagalongs\* \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL # of registrations \_\_\_\_\_

TOTAL PAYMENT = \$ \_\_\_\_\_

**\*Please no Tagalongs unless prior written authorization is obtained from the facilitator**

Payment Information

Full payment must accompany this registration form. Payments are accepted by check, money order, or credit card.

Cash:\$ \_\_\_\_\_ Check:\$ \_\_\_\_\_ Check # \_\_\_\_\_

Circle: troop card personal card

Circle: Visa Mastercard Discover

Name on Card Billing Zip

Account # Expiration

Signature Security Code

Your signature above signifies your agreement to allow the Girl Scouts to charge the above amount to your credit card. You agree to pay this amount pursuant to the agreement you have with your credit card provider.

PLEASE MAIL INFORMATION TO:  
GIRL SCOUT COUNCIL OF THE  
FLORIDA PANHANDLE

250 Pinewood Drive Tallahassee, FL 32303

FOR OFFICE USE ONLY  
DATE RECEIVED STAMP:  
POSTMARK DATE: \_\_\_\_\_ DATE  
CONFIRMATION SENT: \_\_\_\_\_