

GIRL SCOUTS OF MICHIGAN SHORE TO SHORE

Council Event Registration Form

Event _____		
Date _____	Session/Time _____	
Location _____		
Name of Participant (Troop/Group Leader if Troop Registration) _____		
Address: _____		
Address _____	City _____	Zip _____
Day Phone () _____	Cell () _____	

Registering as: ___ Individual ___ Troop/Group	
Troop/Group # _____	Service Unit _____
Grade Level: (circle) DA BR JR CD SR AM	

Are there any special needs that we should be aware of
(auditory, visual, ambulatory, dietary?)

Please List _____

- ➔ All troops/groups must meet *Safety-Wise* girl/adult ratio guidelines.
- ➔ All forms must have a minimum of TWO ADULTS . ****ADULTS-** Must list both first and last name with complete address and phone numbers.

TROOP/GROUP REGISTRATION: Complete participant list below and send completed form with payment.

INDIVIDUAL REGISTRATION: A Parent or Guardian MUST sign the permission statement on the reverse side of form.

TROOP/GROUP LIST

Please list all girls and adults attending this event. Obtain parent permission form for each girl attending the event. Carry these permission forms with you throughout the event.

Girl Participants (first & last names)

- | | | |
|----------|-----------|-----------|
| 1. _____ | 7. _____ | 13. _____ |
| 2. _____ | 8. _____ | 14. _____ |
| 3. _____ | 9. _____ | 15. _____ |
| 4. _____ | 10. _____ | 16. _____ |
| 5. _____ | 11. _____ | 17. _____ |
| 6. _____ | 12. _____ | 18. _____ |

ADULTS ATTENDING

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If requesting financial assistance, you must attach the "Financial Assistance Application Form" with this registration.	_____ Girls X \$ _____	=	_____	Girl Total	
	_____ Adults X \$ _____	=	_____	Adult Total	
				_____	Total Due
		Minus		_____	Amt Assist. Requested
				_____	Total Enclosed

Method of payment: Cash Check (Make checks payable to Girl Scouts of Michigan Shore to Shore) Credit Card (MasterCard/Visa)

Credit Card # _____ Date _____

Signature of Card Holder: _____

Printed Signature: _____

Day Phone () _____ Evening Phone () _____ Cell Phone () _____

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PERMISSION AND EMERGENCY CONTACT INFORMATION:

Parent or Guardian to complete this section ONLY IF girl is registering for this event as an individual!

My daughter, _____, has my permission to attend the event listed on the front of this form. I authorize the event staff to secure necessary emergency medical care and treatment in case of an emergency if I cannot be reached. I understand that if an emergency arises, I will be notified as soon as possible. If I cannot be reached, please notify the following **emergency contact person** to act on my behalf:

Name _____ Relationship to girl _____

Day phone # _____ Evening phone# _____ Cell # _____

Allergies my daughter has (food, substances, medications, insects) _____

Other special medical information _____

Any restriction of activities or special accommodations needed _____

Name and phone # of Physician _____

Insurance Company _____ Policy # _____

I understand that during the course of this event, photographs, videos, or audio recordings may be taken which may include my daughter. I hereby consent that such photos, videos, or audio recordings may be used by the Girl Scouts of Michigan Shore to Shore in the promotion of Girl Scouting.

Parent/Guardian Signature

Date

Cell #

Address/City/Zip

Day Phone #

Evening Phone #

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Mail or bring your completed form to:

Grand Rapids Service Center
3275 Walker Avenue NW
Grand Rapids, MI 49544

Muskegon Service Center
1217 E. River Road
Muskegon, MI 49445

Traverse City Service Center
1820 Oak Hollow Drive
Traverse City, MI 49686