



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org

FAMILY GROUP EVENT REGISTRATION

- Be sure to read registration information before registering.
- Please print clearly with blue or black ink or type.
- Forms cannot be transferred from one event to the next.

Mail completed registration and payment to:
Girl Scouts of Connecticut, Registration Department
20 Washington Avenue
North Haven, CT 06473
Phone (800) 922-2770 Fax (203) 234-6828

Attendee's Name* Contact person	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Registered Girl Member Age Level(s) <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A If non-member child, birth date ___/___/___ grade ___	
Attendee's Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Registered Girl Member Age Level(s) <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A If unregistered child, birth date ___/___/___ grade ___	
Attendee's Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Registered Girl Member Age Level(s) <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A If unregistered child, birth date ___/___/___ grade ___	
Attendee's Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Registered Girl Member Age Level(s) <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A If unregistered child, birth date ___/___/___ grade ___	
Attendee's Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Registered Girl Member Age Level(s) <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A If unregistered child, birth date ___/___/___ grade ___	
Attendee's Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Registered Girl Member Age Level(s) <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A If unregistered child, birth date ___/___/___ grade ___	
*Mailing Address		City	ST	Zip
Work Phone () ()	Home Phone () ()	Cell Phone () ()	Send confirmation by <input type="checkbox"/> US mail <input type="checkbox"/> Email	
How do you prefer to be contacted? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email			Email:	
Additional Emergency Contact (required)			Emergency Contact Phone	
Special needs (e.g., wheelchair, food allergies, etc.)				
Event Name		Location	Date / /	Time(s)
Event #	Number of adults attending x \$ _____ = \$ _____ Number of Girl Scouts attending x \$ _____ = \$ _____ Number of boys or girls under 5 years of age attending x \$ _____ = \$ _____ <input type="checkbox"/> <i>I/we would like to join as an individual member of Girl Scouts with this registration, and have included \$12.00 for GSUSA membership dues per person. (adults over 18 & girls grades k-12)</i>			
	Names of new members:		Number of memberships _____ x \$12 = _____	
	Address same as above? Y N If no, address:		Total amount enclosed \$ _____	

I have read the program information and give my child(ren) permission to participate in the activity listed above. I understand that the council is not responsible for any personal belongings. I understand that I am responsible for arranging transportation to and from event locations. I understand that, in the case of emergency, every effort will be made to contact a parent or guardian prior to medical treatment. If the parent or guardian cannot be reached, however, and the situation requires immediate emergency attention as determined by the Girl Scout representatives, I hereby authorize representatives of the Girl Scouts of Connecticut to obtain necessary treatment for registered participants.

I give permission for photographs, videos, audio recordings, and quotations of registered participants taken by authorized Girl Scouts of Connecticut staff or their designee to be used for council publications, television, or the World Wide Web.

Parent/Guardian signature

Date

Payment Information	
<input type="checkbox"/> Credit Card (Mandatory for online or fax reservations)	<input type="checkbox"/> Enclosed Check (Payable to Girl Scouts of Connecticut or GSOFACT)
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	Total Event Fees
Name on account	\$12 GSUSA membership (if applicable)
Account number	Total Enclosed
Expiration Date	Signature