



GIRL SCOUTS OF CONNECTICUT

WWW.GSOFCT.ORG 1-800-922-2770

INDIVIDUAL GIRL PROGRAM REGISTRATION

- Be sure to read registration information before registering. Please print clearly with blue or black ink or type.
- Some events may not require an adult to attend with individual participants (see program descriptions).
- 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 (203) 239-2922 Fax (203) 234-6828**

Participant Name		Grade	Date of Birth / /		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	
Parent/Guardian Name			Parent Email			
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						
Additional Emergency Contact (required)				Emergency Contact Phone		
Name of adult attending with girl (required unless indicated otherwise in program description)						
Special needs (e.g., wheelchair, food allergies, etc.)						
Event Name		Location		Date / /		Time(s)
Event #	Participants		# Attending	x Fee/Person	= Total Fee	
	Girls		_____	X \$ _____	= \$ _____	
	Adults		_____	X \$ _____	= \$ _____	
	Children under the age of 5 or boys, if allowed (Tagalongs)		_____	X \$ _____	= \$ _____	
Grand Total Fee					\$ _____	

I have read the program information and give my child permission to participate in the activity listed above. I understand that the council is not responsible for any personal belongings of my child. 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 my daughter.

Yes No

I give permission for photographs, videos, audio recordings, and quotations of my child taken by authorized Girl Scouts of Connecticut staff or their designee to be used for council publications, television, or the World Wide Web. Yes No

Parent/Guardian signature _____

Date _____

Membership Information	
<input type="checkbox"/> I am currently a member of Girl Scouts of Connecticut, Inc. Troop # _____	
<input type="checkbox"/> I am currently a member of _____ Council.	
<input type="checkbox"/> I would like to join as an individual member of Girl Scouts with this registration. and I have included \$12.00 for GSUSA membership dues. This will be my _____ (1st, 2nd, 3rd, etc.) year as a Girl Scout.	

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 GSOFCT)
<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