



# GIRL SCOUTS OF CONNECTICUT

[WWW.GSOFACT.ORG](http://WWW.GSOFACT.ORG) 1-800-922-2770

## TROOP/GROUP PROGRAM 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.
- A separate registration form and separate check are required for each program. List one troop per form, please.

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**

Troop/Group #		# of girls	Grade(s)	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	
Troop/Group Leader Name			Email		
Mailing Address		City		ST	Zip
Home Phone	Cell Phone	Work 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					
Special needs			Emergency Contact/ Phone		
Event Name		Location	Date / /	Time(s)	
Event #	<b>Participants</b>		<b># Attending</b>	<b>X Fee/Person</b>	<b>= Total Fee</b>
	Girls		_____	X \$ _____	= \$ _____
	Adults Female		_____	X \$ _____	= \$ _____
	Adults Male		_____	X \$ _____	= \$ _____
	Children under the age of 5 or boys, if allowed (Tagalongs)		_____	X \$ _____	= \$ _____
	<b>Grand Total Fee</b>				<b>\$ _____</b>

I certify that all girls and adults participating in the event/activity listed above are registered members of Girl Scouts of the USA or I have included a completed membership form and the \$12.00 GSUSA membership dues for each non-member. I understand that I or the adult in charge of our group must bring photo releases, permission slips, health histories, and emergency contact information for each participant to the event and that no girl will be allowed to stay without this information.

Troop/Group \_\_\_\_\_  
 Leader signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment Information			
<input type="checkbox"/> <b>Credit Card</b> (Mandatory for online or fax reservations)		<input type="checkbox"/> <b>Enclosed Check</b> (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		<b>Total Enclosed</b>	
Expiration Date		Signature: _____	

Participant Information (Please indicate if you are including "Tagalongs". Attach additional names if needed.)					
Adult	M	F	Adult	M	F
Adult	M	F	Adult	M	F
Girls					
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		