# Council Event Registration



### DIRECTIONS: Please read carefully and fill out completely.

- Everyone registering for a council program event must fill out section 1 of this form.
- Pre-registration is required to ensure adequate materials are available. There are no refunds unless the event is canceled.
- Enclose fees with the registration form. Make all checks payable to the community partner in charge of the event. Do not send cash. Mail form and all fees to arrive by due date to the event location. See address in event calendar information.

#### INDIVIDUALLY REGISTERING GIRLS:

If you are not registering with your troop, you must fill out section 1 and 2 of this form.

SECTION 1				
CONTACT PERSON Troop # Name		one Home ( Cell (	)	
Address			Work (	)
City, Zip E-mail		Program Level	□GS Daisy □GS Cadette	□GS Brownie □GS Junior □GS Senior □GS Ambassador
EVENT AND PARTICIPATION I Event Name Date of Event Event Location		– Registered ( Adults Tag-a-longs	Participants Sirls	stion/Registration Fees Event Fees Total
Payment must accompany this form financial assistance, form must be atta		New Girl Sco	DUTS TOTAL PAYMEN	\$25 membership dues   \$ JT     \$
Did you register for Girl Scouts to att How did you learn about this event/a		ty?yes	no	
METHOD OF PAYMENT Check (Payable to Girl Scouts of Lo	ouisiana - Pines to th	e Gulf) MC	VISA Discover	Cookie Dough
Name on Card				
Cardholder Signature			<u> </u>	
PARTICIPANT INFORMATION Complete the following information Participant's Name	on for each person Current Grade or Adult	(girls and adults) Emergency Cont <i>Name</i>	) attending the eve act	ent. Phone Number

#### TROOP LEADERS/GROUPS/FAMILIES

I understand that I am responsible for securing written parental permission for event participation for each girl in my troop/group who is under the age of 18 years of age.

## SECTION 2

To be filled out by the parent of individually registered girls (girls not registering with a troop or group).

List any health conditions that event coordinator should be aware of or would limit girl's participation in activities:

List current medications:					
Allergies to medication, food, insects, etc.:					
Physician or Clinic:		Phone: (	)		
Person to notify in case of emergency, if parents of	cannot be reached:				
Name:		Phone: (	)		Address:
	City:		State:	Zip:	I
give permission for my daughter to participate in	the activity listed at the to	p of this event form	n, including trans	portation, if provi	ded, to and
from the program sites. I hereby give Girl Scouts	of Louisiana – Pines to the	Gulf the right and	permission, with	out compensation	to use
photographs/videos of my daughter and her nam	e for publicity and public r	elations purposes.	I give permission	for my daughter,	

\_\_\_\_\_, to receive emergency medical treatment if necessary.

Signature of Parent/Guardian

Date