Training Registration Form



- Please print clearly
- Use separate forms for each person registering for training

Name:							
Address:							
City			Stat	e		Zip	
Phone (Day): (Evening)					(Cell)		
Email:							
Working with: Troop # Individ			dividual (lual Girls			
Age Level: □Daisy (□Cade) ssador (11-12	2)		
Volunteer Position Service Unit							
Date Course		e Title		Location			Fee
Make checks payable to Girl Scouts				Total I	Fees Enclo	sed	
Mail to: GSLPG, 1720 Kaliste Saloom Rd, Ste C1 Lafayette, La 70508							
Please remember t the training date an		-				CPR is <u>three</u>	days prior to
Credit Card Information		ge my:			N	/isa	Disc
	Amount Cha	arged \$:	Card :	#:			
	Expiration D	ate:		CVV:			
	Cardholder	signature:					