



# Council Event Registration Form

**Submit one registration form for each event. Mail or deliver this form along with total payment to Girl Scouts of the Colonial Coast, 912 Cedar Rd, Chesapeake, VA 23322 or fax to 757-547-1872.**

Select Girl Scout participation:  Individually registered member(s)  Troop # \_\_\_\_\_

Girl Scout membership level(s):  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

Name of Council Event	Date of Event	Location of Event

**Registrant Information (attach additional form if you have more registrants):**

First Name	Middle Name	Last Name	Girl or Adult?	School grade, if girl.
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
			<input type="checkbox"/> Girl <input type="checkbox"/> Adult	

Total Registrants	Individual Cost	Total
# of Girls	\$	\$
# of Adults	\$	\$
Total Due		\$

**Select payment method:**

<input type="checkbox"/> Cash	
<input type="checkbox"/> Check/Money Order	Make checks payable to GSCCC.
<input type="checkbox"/> Credit Card – Personal	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
<input type="checkbox"/> Credit Card – Troop/Group/Service Unit	Name on Card _____
	Card # _____
	Expiration Date _____

**Agreement**

- The leader/adviser/caregiver will have Health History and necessary permission forms for each girl during event.
- If I pay by check, I agree that my account will be debited electronically for the face amount, return check fee and return deposit item fee, if returned unpaid.

Name of Person Completing this Form \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer Position Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_