Girl Scouts.
Girl Scouts Carolinas Peaks to Piedmont

Event Registration

(additional forms are available at www.girlscoutsp2p.org)

TO REGISTER:

1. Complete the registration form below AND a Health/Permission form for your daughter if it is an overnight event.
2. NO REGISTRATIONS will be accepted by fax unless paid for by Credit Card.
3. ALL fees MUST be paid in full at the time of registration.
4. All confirmation and event information will be sent prior to the event.

Send my confirmation by:

___ Email ***(OR)*** _____ Regular Mail

PLEASE NOTE:

1. ***REGISTRATION DEADLINE IS:*** ***2 weeks prior to the event***
2. No refunds or transfer of funds after registration deadline.
3. *All registrations are first come, first served.*
4. Questions regarding registration, please contact Sarika Mohan at 336-369-7448 or smohan@girlscoutsp2p.org

Please print all information in blue or black ink.

Program Level (circle): ***D Br Jr Cd Sr Am Adult***

EVENT INFORMATION (only one program may be REGISTERED on one form)

EVENT NAME		Troop #:	SU #:
Location:	**Date of the Event:**	**Time:**	

ADULT INFORMATION (all confirmation and event info will be sent to the adult listed below)

TROOP ADULT (OR) PARENT	Name: (First, Middle, Last)		
Address:	**City:**	**State:**	**Zip:**
Email:	**Home Phone:** ( )	**Work/Day Phone:** ( )	**Cell/Other Phone:** ( )
Emergency Contact:	**Home Phone:** ( )	**Work/Day Phone:** ( )	**Cell/Other Phone:** ( )

PLEASE LIST ALL ATTENDING TROOP ADULTS AND GIRLS (attach additional sheet if necessary)

GIRLS ATTENDING	Grade at school	GIRLS ATTENDING	Grade at school	ADULTS ATTENDING

I'M ATTENDING AS AN INDIVIDUAL GIRL (not with my troop):

Name: (First, Middle, Last)	Date of Birth:	Age:	Grade:
Address:	**City:**	**State:**	**Zip:**
Name of Attending Adult: (First, Last)	**Home Phone:** ( )	**Work/Day Phone:** ( )	**Cell/Other Phone:** ( )
Address: (if different from above address)	**City:** **State:** **Zip:**	**Email:**	
Emergency Contact (if parents can't be reached):	**Home Phone:** ( )	**Work/Day Phone:** ( )	**Cell/Other Phone:** ( )

PREFERENCES (OFFERED ONLY IN CERTAIN EVENTS – PLEASE CHECK ON THE EVENT DESCRIPTION)

Girl's T-Shirt Size: (if applicable) __CM __CL __AS __AM __AL __ AXL __ A2X

Parent's T-Shirt Size: (if applicable) ___AS___AM __AL___AXL___A2X

We would like to bunk with:

Activities we are looking forward to doing are:

PAYMENT INFORMATION

_____ # Girls X _____ Cost = $_____
_____ # Adults X _____ Cost = $_____

TOTAL FEE ENCLOSED: $_____

MAIL TO: **Girl Scouts Carolinas Peaks to Piedmont**
(Colfax Service Center)
Attn: Event Registration
8818 W. Market St.
Colfax, NC 27235

FAX #: **336-369-7476 (for registrations with credit card payments only)**

Payment Method: ___ Check/M.O. ___Cash ___Credit Card

Credit Card Info: ___ VISA ___ MasterCard ___ AmEx

Cardholder Name:_____

Acct #: _____Exp Date (mo/yr)_____

CVV #: _____ (3-digit # on the back side of card or 4-digit # on the front of AmEx card.)

Billing Address:_____

City:_____ St:_____ Zip:_____

Hm#: ( ) _____ Wk#: ( ) _____

Authorized Signature: _____

A "HEALTH/PERMISSION FORM" IS NECESSARY FOR ALL OVERNIGHT PROGRAMS.