PROGRAM REGISTRATION FORM

Girl Scouts of Southern Illinois
www.gsofsi.org
Corporate Service Center
4 Ginger Creek Parkway
Glen Carbon, IL 62034
Phone: 618.692.0692
Fax: 618.692.0685
E-mail: customercare@gsofsi.org

***All programs can be attended by troops OR individuals (unless otherwise stated)**

PLEASE NOTE: Incomplete forms will not be processed.

Name of Event: _____ Deadline: _____

Date of Event: _____ Time of Event: _____

If choice of sessions, list: 1st: _____ 2nd: _____ 3rd: _____

Troop # _____ Service Unit _____ Girl Scout grade _____

Additional Information: _____

Fees:

Total # of girls	_____	X cost $ _____	= $_____	Please provide girl info below
Total # of adults	_____	X cost $ _____	= $_____	Please provide adult info below
Total #Tags (if allowed)	_____	X cost $ _____	= $_____	Please provide count only
TOTAL NUMBER ATTENDING	_____	TOTAL	= $_____	

Payment: Check enclosed # _____ Amount $_____

Credit Card: ☐ Mastercard ☐ Visa ☐ Discover **Biling Zip Code:**_____

Card Number _____ Exp. Date: _____ 3 Digit Code _____

Amount: $_____ Signature: _____

Please provide names and addresses for all girls and adults who are planning to attend this event. Not all events offer a t-shirt.

This box is to be filled out by the person who will be receiving the confirmation letter. If you do not list an e-mail, confirmation will be mailed.

Are you attending? ☐ Yes ☐ No

Leader ☐ Co- Leader ☐ Parent/Guardian ☐
Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Special needs/allergies:_____
T-shirt sizes: YS YM YL AS AM AL AXL A2XL A3XL
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Email: _____

Please note: Confirmations will be sent via e-mail, if e-mail is listed.

Remaining boxes to be filled out by girls and adults attending the event.

Girl ☐ Adult ☐
Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Special needs/allergies:_____
T-shirt sizes: YS YM YL AS AM AL AXL A2XL A3XL
(check one) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Girl ☐ Adult ☐
Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Special needs/allergies:_____
T-shirt sizes: YS YM YL AS AM AL AXL A2XL A3XL
(check one) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Girl ☐ Adult ☐
Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Special needs/allergies:_____
T-shirt sizes: YS YM YL AS AM AL AXL A2XL A3XL
(check one) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Girl ☐ Adult ☐
Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Special needs/allergies:_____
T-shirt sizes: YS YM YL AS AM AL AXL A2XL A3XL
(check one) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Girl ☐ Adult ☐
Name: _____
Address: _____
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Phone: _____
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(check one) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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