

INDIVIDUAL REGISTRATION

Include FULL payment with your registration form for all events except where noted in the program description.

You may photocopy this form for future use and/or visit our website at www.gssne.org for additional copies.

Girl Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Girl's Email: _____

Age Level: Daisy (Grades K-1) Brownie (Grades 2-3) Junior (Grades 4-5)
 Cadette (Grades 6-8) Senior (Grades 9-10) Ambassador (Grades 11-12)

Program Name: _____

Program Date: _____ / _____ / _____

Program Location: _____

Total Cost: \$ _____

I am not currently a registered Girl Scout. Please register me. I will add \$25 to the total amount paid below.

Mail/Fax forms to:

Girl Scouts of Southeastern
New England
500 Greenwich Avenue
Warwick, RI 02886
Fax: (401) 421-2937

Payment Information

Please charge my credit card for \$ _____ as indicated below:

MasterCard VISA American Express

Card Number _____ Exp _____ Billing Zip Code _____

Name on Card _____ Signature _____

My check in the amount of \$ _____ made payable to GSSNE is enclosed.

I give my permission for the girl named above to attend this event.

Parent/Guardian Signature: _____

Print Name: _____

Cell Phone: () _____

Parent/Guardian Email Address: _____

Emergency Contact: _____

Relationship to Girl: _____

Daytime Phone: () _____

Evening Phone: () _____ Cell Phone: () _____

As a not-for-profit organization, we are often asked to supply the following information. This is optional, confidential and used collectively for required reports:

Race: American Indian / Alaskan Native Asian Hawaiian/Pacific Islander
 Black / African American White Multi-racial

Ethnicity: Hispanic Not Hispanic

For Office use ONLY:

Rec'd: _____ Rec #: _____ Date: _____

TROOP REGISTRATION

Include FULL payment with your registration form for all events except where noted in the program description. You may photocopy this form for future use and/or visit our website at www.gssne.org for additional copies.

Troop #: _____ Service Unit: _____

Leader/Advisor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Mail/Fax forms to:

GSSNE
500 Greenwich Avenue
Warwick, RI 02886
Fax: (401) 421-2937

Age Level: Daisy Brownie Junior Cadette Senior Ambassador

Program Name: _____

Program Date: ____/____/____

Program Location: _____

Number of girls: _____ x fee (if applicable): \$ _____ = \$ _____

Number of Adults: _____ x fee (if applicable): \$ _____ = \$ _____

Total: _____ = \$ _____

Please use the space below to record the names of those participating, including adults. Attach an additional sheet if necessary.

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ | 7. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ |
| 2. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ | 8. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ |
| 3. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ | 9. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ |
| 4. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ | 10. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ |
| 5. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ | 11. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ |
| 6. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ | 12. <input type="checkbox"/> girl <input type="checkbox"/> adult _____ |

Payment Information

Please charge my credit card for \$ _____ as indicated below:

MasterCard VISA American Express

Card Number _____ Exp _____ Billing Zip Code _____

Name on Card _____ Signature _____

My check in the amount of \$ _____ made payable to GSSNE is enclosed.

For Office use ONLY:

Rec'd: _____ Rect.#: _____ Date: _____