



Training Registration Form

Please check one: Girl Adult

Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email Address _____

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

Course Title _____

Training Date _____

Training Location _____

Training Cost _____ (if applicable) No cost

Payment Information

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

MasterCard VISA American Express

Card Number _____ Exp _____

Name on Card _____ Signature _____

Billing Zip Code _____

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

Permission

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 _____ Relationship _____ Contact _____ to

Girl _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Cell Phone (_____) _____

Mail form to Girl Scouts of Rhode Island, 500 Greenwich Ave, Warwick, RI 02886 or fax to (401) 421-2937.
Because we need a "live" signature from the parent or guardian we are unable to accept phone reservations!