

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.gsri.org for additional copies.

Troop#: _____ Service Unit: _____

Leader/Advisor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

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): \$ _____ = \$ _____

Deposit: \$ _____ Total Cost: \$ _____

Mail/Fax forms to:

Girl Scouts of RI, Inc.
125 Charles Street
Providence, RI 02904
Fax: (401) 421-2937

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 GSRI is enclosed.

For Office use ONLY:

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