

# 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](http://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: \_\_\_\_\_