



Event Registration Form

Use one form for each troop you are registering. Do not combine multiple troops on one registration form. Please keep a copy for your records.

Event Information

Event Title & Location _____ Date/Time of Event _____

Troop/Group Registration or Individual Registration

Initial Registration or Add-On Registration

Troop Information

Troop/Group # _____ Service Area _____

Grade Level (# of girls in each level) Daisy _____ Brownie _____ Junior _____

Cadette _____ Senior _____ Ambassador _____

Contact Information

Leader Name (Registered Parent/Guardian if Individual Event Registration): _____

Telephone: Home # _____ Work # _____ Cell # _____

Email Address (for confirmations & event updates): _____

Address _____ City/State/Zip _____

Please list any special dietary/physical needs _____

Registration Information

Number of Girls: _____ @ \$ _____ = \$ _____

Number of Women: _____ @ \$ _____ = \$ _____

Number of Men: _____ @ \$ _____ = \$ _____

Number of Tagalongs*: _____ @ \$ _____ = \$ _____

Number Optional Items (if applicable) _____ @ \$ _____ = \$ _____

TOTAL # of registrations: _____ TOTAL PAYMENT = \$ _____

*Please no Tagalongs unless prior written authorization is obtained from the facilitator

T-Shirt Order (See Event Description for availability and sizes of T-shirts. T-shirts are not available at every event.)

T-shirt size(s): Youth: S _____ M _____ L _____ Adult: S _____ M _____ L _____ XL _____ XXL _____

Total # of shirts: _____ @ \$ _____ = TOTAL T-shirt order \$ _____ (if applicable)

Payment Information

Full payment must accompany this registration form. Payments are accepted by check, money order, or credit card.

TOTAL PAYMENT ENCLOSED (TOTAL PAYMENT + TOTAL T-shirt order): \$ _____

Credit Card (Circle One): MasterCard/Visa/Discover #: _____

Expiration Date: _____ Authorized Signature: _____

Mailing Information

Please mail to the service center sponsoring the event.

Mobile Service Center: 3483 Springhill Avenue, Mobile, AL 36608

Montgomery Service Center: 145 Coliseum Boulevard, Montgomery, AL 36109

FOR OFFICE USE ONLY

POSTMARK DATE: _____

Date Received Stamp

DATE CONFIRMATION SENT: _____