



# Girl Programs Registration Form

**For 2009-2010 GSNCA Girl Programs ONLY**

**Complete and return with Program Participant Roster and fee(s) to:**

Girl Scouts of North-Central Alabama  
ATTN: Registrar  
1515 Sparkman Drive NW • Huntsville, AL 35816  
Fax: (256) 882-1750  
Email: registrar@girlscoutsnca.org

**Girl Program Event:**

Name \_\_\_\_\_  
Location \_\_\_\_\_  
Date \_\_\_\_\_

**Participant Information:**

Troop # \_\_\_\_\_ SU# \_\_\_\_\_ County \_\_\_\_\_  
Leader in Charge/Participant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Troop Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Program Level:** Please indicate the total number of each and list ALL participant names on the **Program Participant Roster**.

Daisy \_\_\_\_ Brownie \_\_\_\_ Junior \_\_\_\_ Cadette \_\_\_\_ Senior \_\_\_\_ Ambassador \_\_\_\_ Non-GS \_\_\_\_ Adults \_\_\_\_  
For individual participants, are you a Girl Scout?  Yes  No If NO, please provide the following information:  
Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Payment Information: Registration is not complete, nor will a space be reserved until payment is received.**

Payment Fees: Total # of Girls \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Adults \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Amount Due/Enclosed \_\_\_\_\_ = \$ \_\_\_\_\_

- Check enclosed. (Please make checks payable to Girl Scouts of North-Central Alabama.)
- I prefer to pay by credit card.

Name as it appears on credit card \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
*(plus 3-digit code located on back of card)*

Signature (required) \_\_\_\_\_

I have read the guidelines for Council program events. I understand that all participants must follow GSNCA policies and procedures. As the troop leader in charge and/or parent, I understand that I must provide: (1) Transportation to and from the event, (2) Parent permission and health history forms for each participant and have them with me at the event, and (3) Ensure that all participants with my group follow GSNCA policies and procedures. As the troop leader in charge, I ensure that my troop meets girl/adult ratios as required for this event. As the parent of an individual Council program participant, I give my permission for my child(ren) to participate in the above activity.

Signature of Leader/Participant \_\_\_\_\_ Date \_\_\_\_\_

