

GIRL INFORMATION

Name: First _____ Middle _____ Last _____

Address _____ Apartment _____

City _____ State _____ Zip Code _____

Home Phone _____ Girl Email (if girl is 13 and up, otherwise use family email address) _____

DEMOGRAPHICS

Date of Birth: (mm/dd/yy) ____/____/____ School Grade: _____

Number of years as Girl Scout: _____ School Name: _____

Custodial Care: (check one) Both Parents Mother/Guardian Only Father/Guardian Only Other _____

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following optional question, you can help ensure community support and funding for Girl Scouts in your community. This information is used for statistical purposes only. Thank you for providing the information requested.

She is (check all that apply): American Indian or Alaskan Native Asian Black or African American
 Hawaiian or Pacific Islander White Other (please specify) _____

She is Hispanic or Latina: yes no

PARENT/GUARDIAN 1

Address is same as girl

Parent/Guardian 1 Name: First _____ Middle _____ Last _____

Address (if different from girl) _____ Apartment _____

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email Address _____

PARENT/GUARDIAN 2

Address is same as girl

Parent/Guardian 2 Name: First _____ Middle _____ Last _____

Address (if different from girl) _____ Apartment _____

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email Address _____

EMERGENCY CONTACT

Emergency Contact Name (other than parent): First _____ Last _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

PATHWAY

Girl Scouts offers more choices than ever! Which Pathway are you interested in? (Check all that apply.)

Camp: Experience the great outdoors at overnight or day camp. **Events:** Attend events centered on topics that interest you most. **Series:** Explore your interests in a series of activities without committing to a full year. **Travel:** Travel across town, throughout the country, or around the world. **Troop:** Participate in exciting activities that last throughout the school year. **Virtual:** Interact online with girls and volunteers in a safe, secure environment.

PAYMENT/DONATION

Family Partnership (supports local council): \$100 \$75 \$50 \$25 \$18 Other \$ _____

Another family member already supports Family Partnership! Name: _____ Troop: _____

Method of Payment: Cash Check (payable to GSRI) Money Order VISA MasterCard American Express

GSUSA membership dues: \$12.00
 Donation: \$ _____
 Total: \$ _____

Name on Credit Card: _____
 Credit Card #: _____ Exp. Date: _____
 Cardholder Signature: _____ Date: _____

PERMISSION

We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has our permission to join Girl Scouts. We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either GSRI or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either GSRI or Girl Scouts of the USA. I understand and agree that it is my duty to make and provide safe and on time transportation arrangements to and from troop meetings and activities and failure to do so can result in the expulsion of the girl from the troop.

Signature of Parent/Guardian _____ Date _____

I DO NOT give permission for the registrant to be photographed, videotaped or otherwise electronically imaged.

Membership dues are not refundable or transferable to another person.

◆ White Copy - Council ◆ Yellow Copy - Leader