

INDIVIDUAL 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.

Girl Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Girl's Email:** _____

Age Level: Daisy (Grades K-1) Brownie (Grades 2-3) Junior (Grades 4-5)
 Cadette (Grades 6-8) Senior (Grades 9-10) Ambassador (Grades 11-12)

Program Name: _____

Program Date: ____/____/____

Program Location: _____

Deposit: \$ _____ **Total Cost:** \$ _____

I am not currently a registered Girl Scout. Please register me. I will add \$12 to the total amount paid below.

Mail/Fax forms to:

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

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.

I give my permission for the girl named above to attend this event.

Parent/Guardian Signature: _____

Print Name: _____

Cell Phone: (____) _____

Parent/Guardian Email Address: _____

Emergency Contact: _____

Relationship to Girl: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

As a not-for-profit organization, we are often asked to supply the following information. This is optional, confidential and used collectively for required reports:

Race: American Indian/Alaskan Native Asian Hawaiian/Pacific Islander
 Black/African American White Multi-racial

Ethnicity: Hispanic Not Hispanic

For Office use ONLY:

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

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: \$ _____

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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. girl adult _____ 7. girl adult _____

2. girl adult _____ 8. girl adult _____

3. girl adult _____ 9. girl adult _____

4. girl adult _____ 10. girl adult _____

5. girl adult _____ 11. girl adult _____

6. girl adult _____ 12. girl 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: _____