

Program Event Registration

Please check one: Attending as individual Attending as Troop

Troop # _____ Service Unit # _____

Grade Level(s): Daisy Brownie Junior Cadette Senior Ambassador

Primary Adult Contact Name _____

E-mail Address _____

Mailing Address _____

City _____

State _____ Zip _____ Phone Day _____

Evening _____ Cell _____

Event/Workshop Name _____

Date of Event/Workshop _____ Session _____

Attach all Cookie Dough to registration form.
Sister-to-sister transfers will be accepted for sisters living in the same household.

OFFICE USE ONLY	
Date Received:	_____
Cash _____ Check _____ Debit/Credit Card _____	
Receipt #:	_____
Amount Received:	_____
Date Confirmation Sent:	_____

Please return this form and payment to any Girl Scout Service Center by registration deadline.

Columbia Service Center

130 Pinnacle Point Ct., Suite 100 | Columbia, SC 29223
 T 803.782.5133 | F 803.782.0410

Greenville Service Center

Five Independence Pointe, Suite 120 | Greenville, SC 29615 | T 864.770.1400 | F 864.272.3394

Spartanburg Service Center

349 East Blackstock Rd. | Spartanburg, SC 29301
 T 864.576.2514 | F 864.587.7367

Name(s) of Girl(s) Attending <i>Put a star next to the names of any non-Girl Scouts</i>	T-shirt Size	Grade	Amount being used from Cookie Dough	Amount being paid	Amount Due	
					_____ girls x \$_____ fee =	\$_____
					_____ girls x \$_____ fee =	\$_____
					_____ adults x \$_____ fee =	\$_____
					_____ adults @ no fee =	\$_____
					Donation to Help Others =	\$_____
					Total Due	\$_____
					Minus Total Cookie Dough	\$_____
					Amount Enclosed	\$_____

Name(s) of Adult(s) Attending _____ _____ _____ _____ _____	Please indicate if any of the girl participants or adult volunteers will need special accommodations:
	<input type="checkbox"/> Wheelchair accessibility
	<input type="checkbox"/> Physical assistance
	<input type="checkbox"/> Dietary Restrictions (describe): _____
	Other (describe): _____ _____

Photos / videos / recordings of all registrants may be used by Girl Scouts Yes No

List any exceptions _____

Make checks payable to: GSSC-MM

If paying by credit/debit card please include the following information:

Visa Mastercard *CC# may be called in to the Service Center receptionist.*

Credit/Debit Card Account # _____ Expiration Date _____ 3-Digit Code _____

Name as it appears on the card _____ Cardholder Signature _____

Cardholder's Complete Mailing Address _____