



Council Program and Event Registration Form

Online registration is encouraged and preferred! Visit <http://gsnw.gl/reg>!

Please complete all information; incomplete forms without full payment cannot be processed. If you are requesting financial aid, submit this form with a [financial aid request](#) and include the amount your family can pay toward the cost of the program. One form may be used to register for three programs, but separate forms are required per participant. Confirmation packets for each program are available at <http://gsnw.gl/confirmations>. **All forms and payment should be mailed to GSNWGL, 4693 N. Lynndale Dr., Appleton, WI 54913**

Registrant's name: First		Last		Date of birth	Age
Phone ()		Race/ethnicity	School (please include city/town)		Grade
Address				City/state/zip	
Troop # _____ OR Individually Registered Member <input type="checkbox"/>				Special needs (dietary, medical, cognitive, etc.)	
Parent/guardian name (for girl registrations)				Phone: Day ()	Cell ()
Email (required field; parent/guardian email if girl is under the age of 13)					
Address				City/state/zip	
Troop leader name (if troop leader is submitting registration)				Phone: Day ()	Cell ()
Address				City/state/zip	

Program information	Program name	Program date/time	Program location	Cost:	\$
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Girl Scout membership	<input type="checkbox"/> Registrant is a current Girl Scout member <input type="checkbox"/> Registrant is not a current Girl Scout member* <i>*Registrant will be registered with GSUSA; parent/responsible adult must sign this form & add \$30 for dues</i>				\$
Financial assistance requested	<i>You must complete and include a Program financial aid request form with this registration form</i>				\$ -
TOTAL DUE					\$

Payment: Please do not send credit card information via email or fax! **Print and sign the form, then mail in or drop off at the Appleton Service Center.**
 Amount included*: \$ _____ Cash Check* Credit Cookie Dough Gift certificate
 If paying by credit card (Visa/MC only) or Cookie Dough, complete the following: Card # _____
 Expiration date _____ Signature of card member _____ Print name _____

***BounceBack Electronic Check Recovery:** Payment by check is your express authorization that any returned check may be re-presented to your account electronically or as an IRD along with a separate EFT or demand draft for the maximum returned/dishonored check fee as allowed by state law. Thank you! State check fee amounts are available at www.statecheckfees.com or by calling 800.460.0124.

Troop Leaders/Parents/Guardians, please complete this section: I understand that I am responsible for securing written parental permission for event participation for each girl in my troop/group who is under 18 years of age. Forms can be found on our website: <http://gsnw.gl/forms>. I have read and agree to follow GSNWGL's policies, including cancellation and refund policies. I understand that I/my girl must be a registered member of Girl Scouts to attend and that I/she will be registered by GSNWGL staff if I have indicated consent above and included membership dues.

Signature _____ Date _____

Individually registered girls need a parent's signature in this section: My child has permission to participate in all activities planned for the event. I give permission for Girl Scouts of the Northwestern Great Lakes, Inc. to use any photographs in which my daughter appears for promotional purposes. I understand that I/my girl must be a registered member of Girl Scouts to attend and that I/she will be registered by GSNWGL staff if I have indicated consent above and included membership dues.

Signature _____ Date _____