Girl Scouts of NOARK Council

# COUNCIL PROGRAM REGISTRATION FOR TROOPS/GROUPS

*Form expires September 1, 2008*

- Review Program Registration Guidelines in the pink section of the Green Guide.
- Troop must meet Safety-Wise girl/adult ratios & bring signed Parent Permission forms.
- Tag-a-longs are not allowed unless the program specifies it as a family program. (For details see *Green Guide.)*
- Complete **both** sides of this form.
- Send completed form and program fee on or before the registration deadline.
- Make checks payable to Girl Scouts of NOARK Council & mail to:
  Girl Scouts of NOARK Council, 2080 E. Joyce Blvd., Fayetteville, AR 72703
- Forms with credit card payment may be faxed to 479-695-1824

| | | |
|---|---|---|
| Program Name: | | Program Date: |
| Program Location: | | Program Time: |
| Troop Information | Leader's Name: | |
| Troop/Group # | Service Unit: | Level: ☐ Daisy ☐ Brownie ☐ Junior ☐ Older Girl |
| Address: | City: | Zip: |
| Phone #: ( ) | Best time to reach you | Email: |

**PAYMENT INFORMATION**

# of Girls Attending _____ X Program Cost per Girl $ _____ = Girl Sub Total $ _____

Amount of *Cookie Credit* from back page. Cookie Credit Total ($ _____)

Subtract *Cookie Credit* Total from Girl Sub Total Girl Total Owed $_____

# of Adults Attending _____ X Program Cost per Adult $_____ = Adult Total Owed $ _____
(If *No Charge* put $0)

**TOTAL AMOUNT (Girl & Adult) ENCLOSED $_____**

***Please complete if paying by credit card.*** ☐ VISA ☐ MASTER CARD

Account #: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ Exp. Date: ☐

Cardholder's Signature **X** ☐ Date: ☐

Important Participant Information (allergies, diet, physical accommodations, etc.)

| Participant | Need |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*Office Use*

(***Over***)

# ATTENDANCE LIST

(Must be completed before registration will be processed.)

| **G** | **A** | **Participant** | ***Girl T-shirt size.*** *<u>ONLY</u> list if attending Jr.GirlSports Day, or Brownie Round-Up*. | | | | | | **Cookie Credits $ Used** |
|---|---|---|---|---|---|---|---|---|---|
| *** | *** | ************************************ | **YM** | **YL** | **AS** | **AM** | **AL** | **AXL** | ********** |
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***Total of Cookie Credits Used:*** **$________**

The following information is requested to measure progress toward serving all girls and adults in our jurisdiction.

*Please indicate the total number in each category:*

| | | |
|---|---|---|
| American Indian/Alaska Native | girls: _____ | adults: _____ |
| Asian | girls: _____ | adults: _____ |
| Black/African American | girls: _____ | adults: _____ |
| Hawaiian/Pacific Islander | girls: _____ | adults: _____ |
| White: | girls: _____ | adults: _____ |
| Other: | girls: _____ | adults: _____ |
| Also of Spanish/Hispanic origin: | girls: _____ | adults: _____ |