



Internal Only:
Date Received: _____
Amount Paid: _____
Date Registered: _____

COUNCIL ACTIVITY REGISTRATION FORM

Use this form to register for any council-sponsored activity. If you are registering more than 1 person, include each additional participant's information on the second page of this form. You can submit your registration for up to 5 council activities using this form.

Note: For some council activities, you must be a member of Girl Scouts to register for council activities. You will need to pay for your membership in addition to the cost of the council activity.

To submit, either mail (5681 Route 6N Edinboro, PA 16412) or fax (814-734-7701) your completed form with your payment. *Email, verbal, and telephone reservations will not be accepted.*

If you are applying for Financial Assistance, you must complete the [Financial Assistance Form: Council Activities](#).

Participant Information

Select the type of participation:

Adult (Total #: _____) Girl (Total #: _____) Troop (Troop #: _____) Service Unit (SU #: _____)

Are you a member? Yes No Note: If you are not a member, you will also need to register as a Girl Scout member.

If you are registering more than one person, complete the roster on the second page of this form. If you are registering one person, complete the participant information below.

Participant's Name: _____ Date of Birth: _____ Grade: _____

Address: _____
Street City State ZIP

Phone: _____ Email: _____

Council Activity Information

Complete the information for each council activity that you want to register for.

Council Activity 1:

Council Activity Name: _____ Council Activity Date & Time: _____

Location: _____ Session: _____

Council Activity 2:

Council Activity Name: _____ Council Activity Date & Time: _____

Location: _____ Session: _____

Council Activity 3:

Council Activity Name: _____ Council Activity Date & Time: _____

Location: _____ Session: _____

Council Activity 4:

Council Activity Name: _____ Council Activity Date & Time: _____

Location: _____ Session: _____

Council Activity 5:

Council Activity Name: _____ Council Activity Date & Time: _____

Location: _____ Session: _____

Payment Information

Payment Due:

Based on the number of girls and adults attending, calculate the total amount due to attend this council activity.

Number of Girls Attending: _____ X Per Girl Fee: \$ _____ Total Girl Fees: \$ _____

Number of Adults Attending: _____ X Per Adult Fee: \$ _____ Total Adult Fees: \$ _____

Number of Non-Members: _____ X \$25 member fee Total Membership Due: \$ _____

Total Due: \$ _____

Payment Method:

Complete your payment information below.

Check/Money Order (Make payable to GSWPA) Girl Scout Bucks (Amount to Use: \$ _____)

Credit Card: Visa MasterCard AMEX Discover

Card Number: _____ Exp. Date: _____ 3-Digit Code: _____

Address (if different than above): _____
Street City State ZIP

Signature: _____
Troop/Group Leader Signature Date

Printed Name: _____



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Additional Participant Information:

If you have more participants who want to register for the council activity, complete their information below:

Adult Participant Information	
1	Name: _____ Date of Birth: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
2	Name: _____ Date of Birth: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
3	Name: _____ Date of Birth: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
Girl Participant Information	
1	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
2	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
3	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
4	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
5	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
6	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
7	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
8	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____
9	Name: _____ Date of Birth: _____ Grade: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <small>Street City State ZIP</small> Phone: _____ Email: _____