

<b>Internal Only:</b> Date Received: _____ Amount Paid: _____ Date Registered: _____
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### COUNCIL EVENT REGISTRATION FORM

Use this form to register for any council-sponsored event. 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 events using this form.

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

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](#).

#### 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 Event Information

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

Council Event 1:

Council Event Name: \_\_\_\_\_ Council Event Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Session: \_\_\_\_\_

Council Event 2:

Council Event Name: \_\_\_\_\_ Council Event Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Session: \_\_\_\_\_

Council Event 3:

Council Event Name: \_\_\_\_\_ Council Event Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Session: \_\_\_\_\_

Council Event 4:

Council Event Name: \_\_\_\_\_ Council Event Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Session: \_\_\_\_\_

Council Event Name: \_\_\_\_\_ Council Event 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 event.

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/Program Rewards](#)

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: \_\_\_\_\_

**Internal Only:**

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Registered: \_\_\_\_\_

**Additional Participant Information:**

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

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