



Girl Scouts of the Missouri Heartland, Inc.

Family Program/Event Registration Form

Program/Event Name _____ Date _____ Location _____

Adult/Leader in Charge of Group _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ E-Mail _____

(Confirmations sent to the provided email address unless otherwise requested.)

Program Participants/Attendees

Names of Children (under age 18)	Gender (M/F)	Grade	Age	County	Registered Girl Scout?	Payment Method(s)		
						Fin. Asst.*	Cookie Credit*	Cash/ Check
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Names of Adults					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
TOTAL						\$	\$	\$

*Financial Assistance is only available to registered Girl Scout members.

*Girl Scout Cookie Credit may only be used to pay for the Girl Scout who earned it.

Program Fees (Check program description for pricing.)

of children attending: _____ x cost per child: \$ _____ = Total child fees: \$ _____

of adults attending: _____ x cost per adult: \$ _____ = Total adult fees: \$ _____

of girl/adult Girl Scout membership registrations: _____ x \$12 = Total fees: \$ _____

TOTAL GIRL AND ADULT FEES \$ _____

Payment Methods

Check(s), made payable to Girl Scouts of the Missouri Heartland, Inc. \$ _____

Cookie Credit (if applicable) (Make sure to include 2-digit security code located on back of card.) \$ _____

Cookie Credit Gift Card #: _____ - _____ - _____ \$ _____

500+ Box Seller Program Credit (if applicable) \$ _____

Girl's Name _____ 5-Digit Code (from Program Voucher) _____ \$ _____

Financial Assistance Application for Program Activities \$ _____

(Financial assistance is only available to registered Girl Scout members. Form must be attached for each person requesting it.)

Credit Card (Please complete information below.) \$ _____

Credit Card Type: _____ **TOTAL ENCLOSED** \$ _____

Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

This form, and any applicable program/event fees, must be received by the registration deadline. Forms may be faxed, mailed, or walked in to any Girl Scout service center (addresses and fax numbers are available at www.girlscoutsmoheartland.org). Faxed forms must include a credit number for payment.

Girl Scouts of the Missouri Heartland, Inc.

T 877-312-4764 • F 417-862-4120 • www.girlscoutsmoheartland.org • gscouts@girlscoutsmoheartland.org

