



# Girl Scouts of the Missouri Heartland, Inc. Program/Event Registration Form

*\*Please complete all fields in their entirety; incomplete forms cannot be processed.*

### Program/Event Information

Program/Event Name \_\_\_\_\_ Option (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_ Location Code \_\_\_\_\_

### Registration Information

5-Digit Troop/Group # \_\_\_\_\_ Service Unit Number \_\_\_\_\_ County \_\_\_\_\_

Age Level  Daisy (K-1st)  Brownie (2nd-3rd)  Junior (4th-5th)  Cadette (6th-8th)  Senior (9th-10th)  Ambassador (11th-12th)

Attending Adult Name (if required) \_\_\_\_\_

*If adult attendance is required to meet girl-adult safety ratios, then the adult(s) with the group will be responsible for bringing a signed parent permission and health history form for each girl attending, as per Girl Scout safety standards, and for keeping the forms with them during the program.*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Confirmations sent via email unless otherwise requested. Do not attend the program if you have not received a confirmation.)

Parent/Guardian Name (if different than above) \_\_\_\_\_

*If girl is attending event individually, parent/guardian should send signed parent permission form and health history form to the event. Forms are available at [www.girlscoutsmoheartland.org](http://www.girlscoutsmoheartland.org).*

E-Mail Address \_\_\_\_\_  
(Confirmations sent via email unless otherwise requested. Do not attend the program if you have not received a confirmation.)

### Program Fees (Check program description for pricing.)

# of girls attending: \_\_\_\_\_ x cost per girl: \$ \_\_\_\_\_ = Total girl 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 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: \_\_\_\_\_

### Trainings (Please check any that apply.)

CPR/First Aid Certified Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

BOS Trained Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I am available to assist with program as:  First Aider  Check-in Desk

