

# COUNCIL-SPONSORED PROGRAM EVENT REGISTRATION FORM

Complete a separate form for each event, and provide all the information requested. You may duplicate this form as needed. Fax your registration with credit card information to 763-535-7524, or mail with payment to: 5601 Brooklyn Boulevard, Brooklyn Center, MN 55429. You may also register on the website at [www.girlscoutsvr.org](http://www.girlscoutsvr.org), using the electronic registration form with a credit card. **Please note:** if you are registering an individual girl without a chaperone and the event requires a chaperone, your registration form may be returned. Registration forms are accepted until the registration deadline for the specific program event has passed or the program event is full, whichever comes first. The registration deadline is listed in the program event's description. The registration deadline is the date by which the registration form must be in the Brooklyn Center Service Center; the registration deadline is **NOT** the postmark date of the registration form, nor is it the date by which the registration form is in another River Valleys service center. A confirmation statement will be mailed to you within two weeks of receiving and processing your registration form - do not assume you are registered for a program event until you receive a confirmation statement.

Registering as a:  Troop  Individual Girl with Chaperone  Individual Girl without Chaperone  Add-on participant(s)

Troop Leader or Individual Girl Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Service Unit: \_\_\_\_\_  Juliette or  Troop #: \_\_\_\_\_

Program Grade Level:  Girl Scout Daisy  Girl Scout Brownie  Girl Scout Junior  Girl Scout Cadette  
 Girl Scout Senior  Girl Scout Ambassador

Grade(s) of Girl(s): \_\_\_\_\_ Event Title: \_\_\_\_\_ Event Code: \_\_\_\_\_

Date Begins: \_\_\_\_\_ Date Ends: \_\_\_\_\_

Location: \_\_\_\_\_ Time (Begin - End): \_\_\_\_\_

Please list all event participants below (if additional spaces are required, continue list on back of this form or attach your own participant roster. If you attach your own roster, include all information requested on the form below). An incomplete registration form will not be processed and will be returned for you to complete and resubmit. **Participant list continued on back.**

Name – Last, First, Middle Initial	Phone	Girl	Adult	Special Needs (accessibility, dietary, interpreter, etc.)
1.				
2.				
3.				
4.				
5.				
6.				

Payment (including any cookie credits and/or grant applications) must be submitted with your registration form. Registration will not be processed until payment information has been verified. Registration cancellation must be received in writing 30 days prior to the event to be eligible for fee refund. In utilizing this form, you are agreeing to comply with all event registration procedures, including this cancellation statement, as well as inform parents/guardians of the procedures and statement.

**Payment Information** Fee per girl: \_\_\_\_\_ x \_\_\_\_\_ # of girls = \$ \_\_\_\_\_  
Fee per adult: \_\_\_\_\_ x \_\_\_\_\_ # of adults = \$ \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

**Method of Payment:**  Check or money order payable to River Valleys: \$ \_\_\_\_\_ (one check/money order per registration form/program event)  
 Charge my credit card: \$ \_\_\_\_\_  
 Cookie Credits: \$ \_\_\_\_\_  Grants for Girls Application(s): \$ \_\_\_\_\_  
Credit Card Type:  Visa  Master Card  Discover 3-digit Security Code: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_



Minnesota and Wisconsin  
River Valleys

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Please list any additional event participants below. If you attach your own roster, include all information requested on the form below. An incomplete registration form will not be processed and will be returned for you to complete and resubmit.

<b>Name – Last, First, Middle Initial</b>	<b>Phone</b>	<b>Girl</b>	<b>Adult</b>	<b>Special Needs</b> <i>(accessibility, dietary, interpreter, etc.)</i>
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