



REGISTRATION FORM

Use this form to register for Council-Sponsored Program Events, Training Sessions and Summer Camp sessions. Complete a separate form for each event, and provide all the information requested. Duplicate this form as needed. Fax registration with credit card information to 651-227-7533, or mail with payment to: 400 Robert Street South, St. Paul, MN 55107. You may also register on the website at GirlScoutsRV.org.

Registering as: Individual Adult Troop Add-on participants to Troop
 Individual Girl with Adult Participant Individual Girl without Adult Participant

Name: _____ Date: _____

(Person filling out form-main contact: include last name, first and middle initial)

Address: _____ Day Phone: _____

City/State/Zip: _____ Evening Phone: _____

E-mail Address: _____ Cell Phone: _____

Girl name: _____ Grade and birthdate: _____

(When registering as an Individual Girl with or without Adult Participant: include last name, first and middle initial)

Service Unit (if known): _____ Troop #: _____

Registering For:

Event/Session Title: _____ Start Date: _____

Event/Session Location: _____ End Date: _____

Time - Only include for one day event/session - (Begin - End): _____

List any accommodations needed: (accessibility, dietary, interpreter, allergies, etc.): _____

Payment Information: *Please include full payment for all participants listed on this form.*

Fee per girl: _____ x _____ # of girls = \$ _____

Fee per adult: _____ x _____ # of adults = \$ _____

Girl Scout membership fee *(if not registered member of River Valleys' include a \$12 non-refundable fee)*

Number of new members: _____ x \$12 = \$ _____

I'd like to make a tax-deductible gift to send other girls to support scholarships for girls to attend Girl Scout programs: \$ _____

Total Enclosed: \$ _____

- Please note that full payment must be included for Council-Sponsored Program Events, Training Sessions, and Summer Troop, Family and Adult & Me sessions.

Method of Payment:

Check or money order payable to River Valleys: \$ _____

Cookie credits enclosed *(for girl fees)*: \$ _____

Fall FUNds enclosed *(for girl fees)*: \$ _____

Camp voucher enclosed *(for summer camp)*: \$ _____

Gift Certificate enclosed: \$ _____

Girls/Adults Grant application(s) request: \$ _____

Charge my credit card: \$ _____

- Those registering for summer resident camp sessions for individual girl without adult participants, either full payment or \$50 non-refundable deposit must be included with registration or it will be returned as incomplete. If applying for a summer camp grant must include a minimum of \$10 non-refundable deposit.

- Those applying for a grant must send in a completed grant form with the registration form

Credit Card Type: Visa Master Card Discover

Cardholder's Name: _____

Cardholder's Signature: _____

Credit Card Number: _____ Expiration Date: _____ 3-digit Security Code: _____

If you are registering for a Council-sponsored Program Event or Summer Camp session, please fill out information on next page.



ADDITIONAL INFORMATION AND ROSTER

For Council Sponsored Program Events – if this event is full, choose one of the following options:

- _____ Process payment and add this registration to the waiting list
- _____ Return registration form and payment, and do not place on waiting list

For Summer Camp Program Sessions:

Buddy choice: (if applicable) Place my camper in the same housing with: _____

Signature Required for Summer Resident Camp Program sessions

I give permission for my camper to attend and to participate in all phases of this program, including filed trips if applicable. I give permission to take photographs and/or video of my camper for publicity purposes. If my girl is not already a registered Girl Scout, I give permission for her to be registered as a member of Girl Scouts of the USA.

Parent/Guardian signature: _____ Date: _____

Roster: For troops registering for a Council-Sponsored Program Event or Troop Camp Session

Please list all event participants below. (if additional spaces are required 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.

Event/Session Title: _____ Start Date: _____

	NAME – LAST, FIRST, MIDDLE INITIAL	PHONE	GIRL	GRADE	ADULT	GIRL SCOUT MEMBER (YES/NO)	SPECIAL NEEDS (ACCESSIBILITY, DIETARY, INTERPRETER, ETC.)
1.							
2.							
3.							
4.							
5.							
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