



Girl Scouts of Cahaba Council

Program Registration Form

To be used for Individual, Troop, or Group Program Registration

Initial
Time
Amount Paid
R/WL

Name of Event _____

Date of Event _____ **Time of Event** _____

Location _____

Troop/Group Information:

Troop Number _____ Leader's Name _____

Phone Numbers _____ / _____ E-mail _____
Home Alternate (work/cell)

Home Address _____

City _____ Zip _____ County _____

Age Level: List how many for each category.
Tweens (5th-7th grade) will fall under Junior or Cadette; Studio 2B (Ages 11-17) will fall under Junior, Cadette, or Senior.

Daisy _____ Brownie _____ Junior _____ Cadette _____ Senior _____ Adult _____

Fees: # of Girls _____ Fee per girl \$ _____ Total \$ _____
of Adults* _____ Fee per adult \$ _____ Total \$ _____
*Include all Adults in #. See Program Descriptions for adult fee guidelines.
Total fees for this event: \$ _____

Other Information:

Please list the names of the following assigned individuals from your troop/group (if necessary, per *Safety-Wise*):

First Aider _____ Troop Camp Certified _____

Special Needs (dietary, physical, cultural, etc.) _____

Please attach a Troop/Group Roster Form to this registration form. This form must accompany full payment in order to guarantee a space for the event. Program registrations are accepted at Program Registration Events (dates listed in the Program Planner). A limited number of registrations will be accepted via mail, fax or delivery to the Council offices (with full payment).