

# GSCWM Event Registration Form

Please complete legibly using blue or black ink. Payment must be included with the registration and submitted to GSCWM, 81 Gold Star Blvd, Worcester, MA 01606-2813 or dropped off at any council service center. If you have questions, please contact the GSCWM Information and Referral Line at 800-462-9100 (in MA) or 413-584-2602.

## Event Information

Exact Event Name (as listed in description): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

## Attendee Information

Troop/Group # (if applicable): \_\_\_\_\_

*Primary Contact Person (first and last name - must be an adult):*

Full Name: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Names of ALL Attendees*

*(first initial & last name)      Grade/Adult      Registered GS?      (first initial & last name)      Grade/Adult      Registered GS?*

_____	_____	<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	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Add an additional sheet if necessary.*

## Payment Information

Total # of Girls Attending	_____	x	\$ _____	(cost per girl)	=	\$ _____
Total # of Adults Attending	_____	x	\$ _____	(cost per adult)	=	\$ _____
Total # of New GS Members	_____	x	\$12		=	\$ _____
Additional Fees ( _____ )					=	\$ _____
<b>TOTAL DUE:</b>					<b>=</b>	<b>\$ _____</b>

Payment can be made using cash (in person only), check, cookie credits, gift card or credit card. Make checks payable to "GSCWM" and include Event Name on memo line. For credit cards, cookie credits and gift cards, complete the following:

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Gift Card     Cookie Credits    Card #: \_\_\_\_\_    Amt to Deduct: \_\_\_\_\_  
 Gift Card     Cookie Credits    Card #: \_\_\_\_\_    Amt to Deduct: \_\_\_\_\_

*Attach additional sheet, if needed.*

## Release/Acknowledgement Statements

Please check each box below and initial at the bottom, indicating you agree to the following:

- To the best of your knowledge, all girls and adults (if required) participating in this event are registered members of Girl Scouts of the USA, or you will included \$12 GSUSA membership dues for each non-member.
- No girl will be allowed to attend the above listed event without a signed permission slip, health history and emergency contact information (If attending as a troop/group, leader may hold these. If attending individually, the girl must arrive with these in hand).
- GSCWM is not responsible for damage or loss of any personal property.
- GSCWM may take photographs and video recordings of all individuals listed above unless you state otherwise.

*The following individual(s) may not have their photograph taken:* \_\_\_\_\_

\_\_\_\_\_ Please initial to signify your agreement to the statements above.