

Event Registration Form Please print clearly and use blue or black ink.

Please print clearly and use blue or black ink.
Registration accepted up to two weeks before event if not filled earlier.
Online registrations are processed immediately; whereas
paper registrations could take a few days.

For Office Use
Receipt Date:
Batch Date:
Entered:

Event #1:		Date:	Time:	Location:			_ Program Aide 🗆
Event #2:		Date:	Time:	Location:			
Event #3:		Date:	Time:	Location:			_ Program Aide 🗖
SECTION A: Troop Registro	ation – If registerin	g as a troop fill o	ut this section	on, then fill out SECT	IONS C & D	(on back)	
Registration will not be prod	cessed if these sec	ctions are incom	plete				
Troop Contact:				Troop #:		Grade:	
Troop Contact: Address: Phone #1:()			City:	· —	State	e:Zip:	
Phone #1:()		Pl	hone #2: ()			
Email address for confirmat	tion:						
SECTION B: Individual Reg	istration – If regist	tering as an indiv	ridual fill out	this section, then fill	out SECTIC	N C	
Girl's Name:				Troop #:	G	arade:	
Please include an explanati	ion of any health co	onditions, food a	ınd/or envird	onmental allergies, a	ctivity restri	ictions, or oth	ner
specific needs about the pa	articipant which mo	ay be helpful to t	he program	facilitator			
Address:			City:		State:	Zip:	
Phone #1:()							
Email address for confirmat	tion:						
Adult name (if attending): _							
Adult not in attendance wh	10 can be contacte		_	_	_		
Name: I have read the event information a	and agree that my girl a	ad Luill abida butba	Pl	none #: ()_	via including th		and booth of girl I
understand that I am responsible f							
attend and participate in all phases							
be taken for GSUSA, GSWISE, and	, ,		, ,		•		, , , ,
her to register as a member of the							
medical treatment. The information							
any reason, I do not consider her to not meet the acceptable health co				sonnel have the right to re	tuse admissio	n of anyone to th	ne event who does
Print parent/guardian name	•	are, cornagious aise		ture:			Date:
SECTION C: Event Fees							
Event #1							
Number of girls:	X	Event Fee:	. \$	=	\$		
Number of adults:	×	Event Fee:			ψ ¢		
Number of addits.	^	Lventi ee.	. Ψ		Ψ		
Event #2							
Number of girls:	X	Event Fee:	: \$	=	\$		
Number of adults:	X	Event Fee:	: \$	=	\$		
Event #3							
Number of girls:	X	Event Fee	· -	=	\$		
Number of adults:	X	Event Fee	·	=	\$		
		Total Event			\$		
		_		attach) PAC #:			
Complete and attach the Eve	ent Financial Assistance			al assistance request: org with event registration.	-\$		
		If new, includ	de \$15 GSUS	A Membership Dues:	+\$		
				ach membership form(s).			
	It applicable, fi	nancial assistance is	available for G	SUSA membership dues.	Φ.		
				Amount Enclosed:	\$		

Registration will not be processed unless ALL Sections are complete.

Troops must list all participants' first and last names and specify which event number they are attending in Section D on back.

Event Registration

SECTION D: Troop Information-continued form Section A.

This section must be complete in order to process the registration. List all participants first and last names. For each participant, check all event numbers (from top of front page) that apply.

	First and last names of girls	Event 1	Event 2	Event 3	Activity restrictions environmental/food allergies health conditions
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

	First and last names of adults attending with troop (include Troop Leader if attending)	Event 1	Event 2	Event 3	Adult name and phone number not in attendance who can be reached in case of an emergency during the event
1.					
2.					
3.					
4.					
5.					

Mail completed form and fees to: Girl Scouts of Wisconsin Southeast, P.O. Box 14999, Milwaukee, WI 53214-0999