



Girl Scouts of the Missouri Heartland, Inc.
Event Registration Form

**Please complete all fields in their entirety; incomplete forms cannot be processed.*

Event Information

Event Name _____ Option (if applicable) _____

Date _____ Time _____ Location _____

Registration Information

5-Digit Troop/Group # _____ Service Unit Number _____ County _____

Age Level Daisy (K-1st) Brownie (2nd-3rd) Junior (4th-5th) Cadette (6th-8th) Senior (9th-10th) Ambassador (11th-12th)

Attending Adult Name (if required) _____

If adult attendance is required to meet girl-adult safety ratios, then the adult(s) with the group will be responsible for bringing a signed parent permission and health history form for each girl attending, as per Girl Scout safety standards, and for keeping the forms with them during the program.

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____
(Confirmations sent via email unless otherwise requested. Do not attend the program if you have not received a confirmation.)

Parent/Guardian Name (if different than above) _____

If girl is attending event individually, parent/guardian should send signed parent permission form and health history form to the event. Forms are available at www.girlscoutsmoheartland.org.

Email Address _____
(Confirmations sent via email unless otherwise requested. Do not attend the program if you have not received a confirmation.)

Program Fees (Check program description for pricing.)

of girls attending: _____ x cost per girl: \$ _____ = Total girl fees: \$ _____

of adults attending: _____ x cost per adult: \$ _____ = Total adult fees: \$ _____

of girl/adult Girl Scout membership registrations: _____ x \$15 = Total fees: \$ _____

TOTAL GIRL AND ADULT FEES \$ _____

Payment Methods

Cash \$ _____

Check(s), made payable to Girl Scouts of the Missouri Heartland, Inc. \$ _____

Cookie Credit (if applicable) (Make sure to include 2-digit security code located on back of card.)
 Cookie Credit Gift Card # _____ - _____ - _____ \$ _____

Troop Bucks (if applicable) (Make sure to include 2-digit security code located on back of card.)
 Troop Bucks Gift Card # _____ - _____ - _____ \$ _____

Financial Assistance Application for Program Activities
 (Financial assistance form must be attached for each person requesting it.) \$ _____

Credit Card (Please complete information below.) \$ _____

Credit Card Type: _____ **TOTAL ENCLOSED \$ _____**

Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Trainings (Please check any that apply.)

CPR/First Aid Certified Name: _____ Phone: (____) _____

BOS Trained Name: _____ Phone: (____) _____

I am available to assist at the program as: First Aider Check-in Desk

