



Girl's Program Activity Registration Form

For quick registration go to <http://www.gscm.org/register.html>

Activity name _____ Date _____ Time _____

Troop/Group Leader's Name or Individual Participant's Name _____

Address _____
Street City State Zip

Phone: Home _____ Work _____ Cell _____

Email _____ Troop _____ Service Unit# _____

Girl Scout Level: Ds (K-1) Br (2-3) Jr (4-5) Cd (6-8) Sr (9-10) Am (11-12)

Number of Girls attending _____ x \$ _____ = \$ _____

Number of Adults attending _____ x \$ _____ = \$ _____

Total amount due & ENCLOSED = \$ _____

Check Credit Card: # _____ Exp. _____

* For Financial Assistance Application contact VRC 410.358.9711x201 or go to www.gscm.org to downloadable forms #04-1121

PLEASE NOTE: be sure to have a completed Health History Record form (#02-779) for each girl participating in this Program.

Should I give permission for another adult/leader to accompany my daughter/troop to this activity, she/he will have my permission to act on my behalf in an emergency. Additionally, she/he will have contact information for my daughter's physician and dentist with them for the duration of the activity.

Photographs of your daughter may be used by Girl Scouts of Central Maryland for the purpose of telling a story or to promote the interest of Girl Scouting. Please indicate your consent below:

- Yes, you may use photographs of my daughter(s).
- No, you may not use photographs of my daughter(s).



I have read, understand and agree to the above statement and agree to my daughter's participation in this activity.

Parent/Guardian Name (print) _____

Signature _____ Date _____