



Girl Scouts Central Maryland  
 4806 Seton Drive  
 Baltimore, MD 21215-3247  
 T 410 358.9711, 800 492.2521  
 F 410 358.9918  
 www.gscm.org

# TRAINING REGISTRATION FORM

THIS FORM MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE TRAINING EVENT.

✍ Please Print all information. Please make copies of this form if needed.

Name (Last, First, MI): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_

Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_ Position: • Leader • Co-Leader • Other \_\_\_\_\_

Grade Level: • Daisy • Brownie • Junior • Cadette • Senior • Ambassador

**TRAINING CHOICES: PLAN AHEAD. CLASSES FILL QUICKLY. \*Indicate alternate training choice.**

1st Course Name: \_\_\_\_\_ Course #: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Alternate Choice : \_\_\_\_\_ Course #: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Alternate Choice: \_\_\_\_\_ Course #: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any special needs, i.e. accessibility, dietary, etc. \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT:**

Please enclose payment for the First Aid/CPR/AED Course in the amount of \$50.00

- Check # \_\_\_\_\_ enclosed (make payable to GSCM)
- Credit Card: • MasterCard • Visa \$ \_\_\_\_\_

Account: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder (Print Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home : \_\_\_\_\_ Work : \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Mail Registration and Payment to:  
 Adult Learning Services  
 Girl Scouts of Central Maryland  
 4806 Seton Drive  
 Baltimore, MD 21215