



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: Home \_\_\_\_\_ Work \_\_\_\_\_ 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: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Choice : \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Course Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Choice : \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

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

FOR FIRST/CPR/AED REGISTRATIONS ONLY

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 \_\_\_\_\_ Security Code \_\_\_\_\_

(Security Code is the 3 digit code on the back of your credit card)

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