



# Program & Training Registration Form

**Complete and return with fee(s) to:**

Girl Scouts of North-Central Alabama  
 ATTN: Marie Gill  
 1515 Sparkman Drive NW • Huntsville, AL 35816  
 Fax: 256-882-1750  
 E-mail: mgill@girlscoutsnca.org

**Program Event/Training Course:**

Name \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date/Time \_\_\_\_\_

**Participant Information:**

Troop # \_\_\_\_\_ SU# \_\_\_\_\_ GSUSA ID# (Adults Only) \_\_\_\_\_ County \_\_\_\_\_  
 Leader in Charge/Participant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Troop Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Girl Program Information:** Please indicate the total number of each and list ALL participant names on the Participant Roster.

Daisy \_\_\_\_ Brownie \_\_\_\_ Junior \_\_\_\_ Cadette \_\_\_\_ Senior \_\_\_\_ Ambassador \_\_\_\_ Tagalongs \_\_\_\_ Non-GS \_\_\_\_ Adults \_\_\_\_  
 For individual participants, are you a Girl Scout?  Yes  No If NO, please provide the following information:  
 Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Adult Learning Information:** Please check the course you wish to attend and submit a form for EACH class and EACH participant. Registrations must be received at least two weeks before the course date. (Participant Roster is not required for adult courses.)

- Take Action – Leadership Essentials
- Basic First Aid or Basic First Aid/CPR
- Program Aide
- Other: \_\_\_\_\_
- New Girl Leadership Experience
- Basic Troop Camping
- New Leader Support
- Troop Grade Level: Daisy \_\_ Brownie \_\_ Junior \_\_ Cadette \_\_ Senior \_\_ Ambassador \_\_
- Camping Adventures
- Award Training (check one):  
 \_\_ Bronze \_\_ Silver \_\_ Gold

**Payment Information: Registration is not complete, nor will a space be reserved until payment is received.**

Payment Fees: Total # of Girls \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total # of Adults \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total Amount Due/Enclosed \_\_\_\_\_ = \$ \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_ Credit Card Type \_\_\_\_\_  
(plus address of cardholder if different from above)  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(plus 3-digit code located on back of card)  
 Signature (required) \_\_\_\_\_

I have read the guidelines for Council Program Events and/or Training Events. I understand that all participants must follow GSNCA policies and procedures. As the Troop Leader in charge, training participant, and/or parent, I understand that I must provide: (1) Transportation to and from the event, (2) Parent permission and health history forms for each participant and have them with me at the event, and (3) Ensure that all participants with my group follow GSNCA policies and procedures. As the Troop Leader in charge, I ensure that my troop meets girl/adult ratios as required for this event. As the parent of an individual Council Program participant, I give my permission for my child(ren) to participate in the above activity.

Signature of Leader/Participant \_\_\_\_\_ Date \_\_\_\_\_

