

Outdoor Reservation: Special Event



Girl Scouts of NE Kansas & NW Missouri
8383 Blue Parkway, KC, MO 64133
(816) 358-8750 Fax (816) 358-5714
www.girlscoutsksmo.org

Use this form to register for outdoor special events. Refer to the council website for registration deadlines, fees, procedures and specific event information. Unless otherwise indicated, troops must provide a First Aid and CPR trained adult and adults within *SafetyWise* ratios to accompany girls at special events. Please allow 4 to 6 weeks for confirmation.

This form must be submitted with payment (if required). Forms will not be processed without required fees.

Event _____

Time _____ Date _____ Location _____

Service Unit # _____ Troop # _____

For Registration as a Troop:

Troop Leader's Name _____

Address _____
Street City State Zip

Telephone (____) (____) (____)
Day Evening Cell

E-Mail _____

Remember to have every parent fill out a Parent Permission Form for all activities that happen outside of the regularly scheduled troop meeting. Parent Permission Forms can be found at www.girlscoutsksmo.org/forms.asp

For Registration as an Individual:

Girl's Name _____ Age _____

Name of Parent or Guardian _____

Address _____
Street City State Zip

Telephone (____) (____) (____)
Day Evening Cell

Parent's E-Mail _____

Additional Emergency Contact Person _____

Telephone (____) (____) (____)
Day Evening Cell

My daughter _____ (name) has my permission to attend and participate in all aspects of the Girl Scout outdoor special event _____ (event title) on _____ (date). Event leaders have my permission to administer or authorize emergency medical treatment, although they will make reasonable efforts to contact me at the phone numbers listed above.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Total number of Participants _____

Number of Girl Scouts ___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador



Please check here if any girls or adults attending this event will require assistance or adaptation (wheelchair, crutches, prosthesis, etc.) to fully participate. Event staff will contact you prior to the event to work out specific details.

Fees and Payment

All special event fees must be paid in full at the time of registration.

Girl Fees

Number of girls participating _____

Event Fee \$_____

Total \$_____

Adult Fees(if applicable)

Number of adults participating _____

Event Fee \$_____

Total \$_____

Total Amount Enclosed \$_____

REFUND POLICY for Outdoor Programs:

If the reservation is cancelled by the participant less than four weeks out, no money will be returned to the participant. All fees will be forfeited. In the event that the program is cancelled by Girl Scouts of NE KS & NW MO, fees will be refunded.

Payment Information:

____ Cash or check (payable to Girl Scouts) attached for event fee.

____ Please charge \$_____.____ to my ____ Visa ____ MasterCard ____ Discover

Cardholder Name _____ Card # _____

Expiration Date _____ Signature of Cardholder _____

Outdoor program information is posted on the council web site: www.girlscoutsksmo.org/camp.asp