

## REGISTRATION

Make copies of this form as needed. **One registration form is required for each girl.** Registration deadline is two weeks before event unless otherwise noted. Some events are limited. Mail registration as soon as possible.

Check if name or address has changed.

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Troop # \_\_\_\_\_ SU# \_\_\_\_\_  
Level  Jr  Cadette  Senior  Ambassador DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Individually registered (Juliette)  New Girl Scout  
School's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Event Name \_\_\_\_\_ Event # \_\_\_\_\_  
Location \_\_\_\_\_ Date Held \_\_\_\_\_

## PLEASE PRINT

Check this box if accommodations regarding needs or facilities will help you participate in this event. A member of our staff will contact you.

**Complete all section of this page, including the Parent Permission and the fee section. Incomplete forms will be returned. Submit fees with your registration.**

## PARENT PERMISSION

My daughter, \_\_\_\_\_ has my permission to attend and  
(first) (last)  
participate in the \_\_\_\_\_ on \_\_\_\_\_.

Yes  No Photographs taken of my child by authorized Girl Scouts of NE Kansas & NW Missouri staff may be used for council publications, television and the worldwide web.

You have my permission to administer or authorize emergency medical treatment, although you will make reasonable efforts to contact me. During the event I may be reached at:

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
Daughter's physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Parent's Name (please print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee	\$
Membership Fee* (\$10.00)	\$
Cookie Credit (if applicable)	-\$
Deposit (if applicable)	-\$
<b>TOTAL FEES</b>	<b>\$</b>

MasterCard _____	Visa _____
Credit Card # _____	
Expiration Date _____	
Signature _____	
Name on Card _____	

\* One-time annual fee for Girl Scout Membership

**Mail or fax your completed registration forms & fees to (unless otherwise noted):**

**Girl Scouts of NE Kansas & NW Missouri**  
8383 Blue Parkway  
Kansas City, MO 64133  
Phone: (816) 358-8750 Fax: (816) 358-5714