

ADULT TRAINING REGISTRATION FORM



Please fill form out completely and legibly. Please print.

NAME _____ GSUSA ID# _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____ - _____

HOME PHONE (____)____ - _____ WORK PHONE (____)____ - _____, ext. _____

EMAIL ADDRESS: _____ AREA # _____

CURRENT GIRL SCOUT POSITION: _____ TROOP NUMBER _____

LEADER CO LEADER NEW REREGISTERING OTHER _____

DAISY BROWNIE JUNIOR CADETTE SENIOR AMBASSADOR

Date of Volunteer Essentials (Prerequisite for other training) _____ Troop Module _____

Do you have any special physical needs: _____

Best times to reach you by phone: _____

If a fee is required: Check enclosed Total enclosed \$ _____

or charge my VISA MASTERCARD (Note: minimum charge is \$7)

ACCOUNT # _____ SIGNATURE _____ EXP. DATE _____

COURSE NUMBER	TITLE	DATE	LOCATION	FEE INCLUDED

PLEASE NOTE: ALL DATES AND LOCATIONS ARE SUBJECT TO CHANGE. For Home Study, mark "Home Study" and the specific course number under Course Number.

Mail the form to:
 Council Training Registrar
 Girl Scouts – North Carolina Coastal Pines
 P.O. Box 91649
 Raleigh, NC 27675-1649

Fax to:
 919-782-2083
 Register online at:
 www.nccoastalpines.org

FOR OFFICE USE ONLY
Date Postmarked _____
Date Paid _____
Postcard sent _____
Confirmation sent _____