

EVENT TROOP REGISTRATION AND ROSTER TP710



- **DO NOT BRING TAGALONGS TO EVENTS.**
- Please print and complete all sections. Use black ink.
- One form and one check per event.
- No walk-in or faxed registration will be accepted.
- Registration closes three weeks before most events or when the event is full, whichever comes first. Please note – theater, symphony, opera, and ballet events close four weeks before the date of the event. Please refer to the event descriptions for specific closing dates.

• **Mail check with completed registration to:**
Girl Scouts – North Carolina Coastal Pines
Attn: Program Registrar
6901 Pinecrest Road, Raleigh, NC 27613

FOR OFFICE USE ONLY
Date Postmarked: _____
Date Paid: _____
Confirmation Sent: _____

Name of Event: _____

Date/Location/Time: 1st choice: _____

2nd choice: _____

If all choices are full, would you like to be put on a waiting list? yes no

Some events have different fees for adults and girls. Please read the description carefully.

Cost: \$ _____ x _____ (number of girls attending) = \$ _____
\$ _____ x _____ (number of adults) = \$ _____
Total \$ _____
\$ _____ Total amount of enclosed: Checks \$ _____
Cookie Dough \$ _____
\$ _____ Financial assistance requested*

*Partial financial assistance may be requested. A \$5 deposit must be sent in with the initial registration. If assistance is needed for girls to participate, have parents complete the individual financial assistance form PG310 and mail it with this event registration.

Daisy Brownie Junior

Troop #: _____ Grade Level: Cadette Senior Ambassador Email: _____

Troop Leader: _____ Area/County: _____

Address: _____ City: _____ Zip: _____

Day Phone: () - ext. _____ Evening Phone: () - _____

Troop First Aider for event: _____

Have you attended this event before? yes no

How many events have you attended this year? _____

Would you consider being a program liaison? yes no

Please indicate if you require assistance with any of the following:

wheelchair accessibility a sign language interpreter personal attendant other, please specify _____



(Name of event)



(Date of event)

Please print in black ink and mail to the Raleigh Service Center.

In case of an emergency during a council sponsored event, we will be calling the emergency contact listed below. We must have the following information on file at the Raleigh Service Center.

County _____ Troop # _____ Grade Level: B J C S A (check one)

Troop Leader's Name _____

Troop emergency contact person _____

Phone (D) () - ext. _____ (E) () - _____

Send completed form to: Girl Scouts – North Carolina Coastal Pines
Attn: Program Registrar
6901 Pinecrest Road
Raleigh, NC 27613

Name of Participant	Phone Number	Health Concerns we need to be aware of	Girl	Adult
Mary Jones (Sample)	(919) 555-1212	Allergic to peanuts	✓	
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/>	<input type="checkbox"/>