

EVENT INDIVIDUAL REGISTRATION TP711

- 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, 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
 P.O. Box 91649, Raleigh, NC 27675-1649

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 amount of enclosed:	Total	\$ _____
	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: _____

Girl's Name: _____ Area/County: _____

Address: _____ City: _____ Zip: _____

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

My daughter has my permission to participate in the above Girl Scout activity. I will make sure she does not attend if she is not feeling well. I give permission for pictures or videos of my daughter taken at this event to be used to promote Girl Scout program. I understand an adult needs to accompany her to stay with her at the event.

_____/_____
 Parent or Guardian Signature Date

An adult must accompany individual Girl Scout Daisy, Brownie, or Junior participant.

Name of accompanying adult: _____ Day phone () - x. _____

Emergency Contact (other than parent): _____ Day phone () - x. _____

ALL PARTICIPANTS MUST HAVE A HEALTH HISTORY FORM ON HAND AT THE EVENT.

Have you attended this event before? yes no

How many events have you attended this year? _____

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

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