





\_\_\_\_\_  
(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 \_\_\_\_\_ Grade Level:  B  J  C  S  A (check one)

Parent's Name \_\_\_\_\_

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"/>