

# Program Events Registration

Please check one:  Attending as individual  Attending as Troop

Troop # \_\_\_\_\_ Service Unit # \_\_\_\_\_

Grade Level(s):  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

Primary Adult Contact Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Day \_\_\_\_\_

Evening \_\_\_\_\_ Cell \_\_\_\_\_

Event/Workshop Name \_\_\_\_\_

Date of Event/Workshop \_\_\_\_\_ Session \_\_\_\_\_

OFFICE USE ONLY	
Date Received:	_____
Cash _____ Check _____ Debit/Credit Card _____	
Receipt #:	_____
Amount Received:	_____
Date Confirmation Sent:	_____

Please return this form and payment to any Girl Scout Service Center by registration deadline.

**Columbia Service Center**  
1107 Williams Street | Columbia, SC 29223  
T 803.782.5133 | F 803.782.0410

**Greenville Service Center**  
Five Independence Pointe, Suite 120 | Greenville, SC 29615 | T 864.770.1400 | F 864.272.3394

**Spartanburg Service Center**  
349 East Blackstock Rd. | Spartanburg, SC 29301  
T 864.576.2514 | F 864.587.7367

**Sister-to-sister transfers will be accepted for sisters living in the same household.**

Name(s) of Girl(s) Attending <i>Put a star next to the names of any non-Girl Scouts</i>	Grade	Cookie Dough Code	Amount being used from Cookie Dough	Amount being paid	Amount Due
					_____ girls x \$_____ fee = \$_____
					_____ girls x \$_____ fee = \$_____
					_____ adults x \$_____ fee = \$_____
					Donation to Help Others = \$_____
					Total Due \$_____
					Minus Total Cookie Dough \$_____
					Amount Enclosed \$_____

Name(s) of Adult(s) Attending	Please indicate if any of the girl participants or adult volunteers will need special accommodations:
	<input type="checkbox"/> Wheelchair accessibility
	<input type="checkbox"/> Physical assistance
	<input type="checkbox"/> Dietary Restrictions (describe): _____
	Other (describe): _____

Photos / videos / recordings of all registrants may be used by Girl Scouts  Yes  No

List any exceptions \_\_\_\_\_

**Make checks payable to: GSSC-MM**

If paying by credit/debit card please include the following information:

Visa  Mastercard *CC# may be called in to the Service Center receptionist.*

Credit/Debit Card Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Cardholder's Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_