

Please submit this completed form to council headquarters with payment (if applicable) unless otherwise stated. The Individual Program Registration Form and program fee must be in by the registration deadline to secure a slot in the program. If attending with a girl as an adult, this form also serves as your registration. Council program registrations may be faxed in with credit card payment information (filled out below). All girls attending a program must travel to and from the program with their signed Activity Permission/Health History Card. Please print legibly in blue or black ink.

Program fees are non-refundable unless the council receives cancellation notice at least two weeks before the scheduled program date. Contact customercare@gsmw.org for information on refunds and other program policies.

Program Information

Program Name (as listed on gsmw.org): _____ Program Town: _____ Program Date: _____

Participating Individual Information

Participating as (check all that apply): Girl Program Aide Adult Adult Volunteer

Name: _____ GS Level: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____ Age at the time of program: _____

Date of Birth: _____ Current Grade: _____ School: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Emergency Contact Name: _____ Work/Cell Phone: _____

Special Needs List (e.g. wheelchair, food allergies, inhaler, epi pen.)

Membership Information

- I am currently a registered member of GSMW in Troop # _____ I am currently a registered Juliette # _____
- I would like to register as an individual member of Girl Scouts. I have included **\$25** for GSUSA membership dues.
- I would like further information on joining a troop in my area.

Parent Permissions

- Yes No **I have read the program information and give my child permission to participate** in the activity listed above. I understand that GSMW is not responsible for any personal belongings of my child.
- Yes No **I give permission for photographs, videos and audio recordings** of my child taken by authorized GSMW staff or their designee to be used for council publication, television or internet use.
- Yes No **I hereby authorize the adult in charge to obtain needed medical treatment** for my daughter at the nearest licensed emergency facility or from a personal physician.

Parent/Guardian Signature: _____ Date: _____

To better evaluate our success in serving all girls and adults, please indicate the registrant's ethnicity. **The registrants ethnic background is** (check all that apply):

- American Indian or Alaskan Native Asian Black or African American Hawaiian or Pacific Islander
- White /Caucasian Hispanic or Latina Not Hispanic or Latina Other (specify): _____

Payment Information

	Credit card information (we accept Visa , MasterCard, and Discover)	Payment payable to: GSMW
Program Fee \$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Council Gift Card	Mail to: GSMW Att: Service Center 2303 Grand Ave Billings, MT 59102 1-800-736-5243
Total Program Fees \$	Expiration: _____ CVC: _____	
GSUSA Membership (\$25) \$	Card number: _____	OR Fax with credit card info: 406.252.4063
Grand Total \$	Cardholder: _____ Signature: _____	
	Billing Address: _____	