

## Program Registration Form: Group (Troop or Family)

Please submit this completed form to council headquarters with payment (if applicable) unless otherwise stated. The Program Registration Form and program fee must be in by the registration deadline to secure a slot in the program. Council program registrations may be faxed 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](mailto:customercare@gsmw.org) for information on refunds and other program policies.

### Program and contact information

Program Name: \_\_\_\_\_ Program Town: \_\_\_\_\_ Program Date: \_\_\_\_\_

Troop #: \_\_\_\_\_ Age level: \_\_\_\_\_ Service Unit: \_\_\_\_\_

E-mail: \_\_\_\_\_

Leader / Family Adult Name: \_\_\_\_\_ Registering: \_\_\_\_\_ Troop \_\_\_\_\_ Family \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Cell : \_\_\_\_\_ Phone (evening): \_\_\_\_\_

#### **Emergency Contact**

Someone who knows your plans, is not participating in the activity **Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
and has a list of participants with contact information for parents/guardians.

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

**Names of adults attending:** \_\_\_\_\_

### Registered girls attending (For additional girls and adults attach a page with names.)

	First name	Last Name	Address	Troop #
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

### Non-registered girls attending (must pay an additional \$25 each and attach a completed Individual Membership Form).

	First name	Last name	Address	Troop #
1	_____	_____	_____	_____
2	_____	_____	_____	_____

**Transportation Note:** If being transported by someone other than a parent/guardian, or if traveling outside of your local area, city or community, please complete a Transportation Form and if staying overnight, complete a Troop Trip Request Form.

### Payment Information

Credit card information (we accept Visa , MasterCard, and Discover)

Program Fee \$ ☐ Visa ☐ MasterCard ☐ Discover ☐ Council Gift Card

Total Program Fees \$ **Card Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

GSUSA \$ **Cardholder:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Membership (\$25) \_\_\_\_\_

**Grand Total \$** **Billing Address:** \_\_\_\_\_

Payment payable to: **GSMW**

**Mail to:**  
GSMW Att: Service Center  
2303 Grand Ave  
Billings, MT 59102  
1-800-736-5243

**OR**  
Fax with credit card info:  
406.252.4063