

INSTRUCTIONS

- Be sure to read event registration details before registering. Please print clearly with blue/black ink or type. Original form must be completed for each event.
- **Incomplete registration forms will not be processed.**
- Full payment must accompany registration form unless deposit option listed in event details.
- Pre-registration is necessary to ensure adequate materials are available.
- No walk-ins will be accepted. All cancellations are subject to a 10% administration fee. No refunds will be given after the close of registration.
- Registration for all events will close on date listed in event details, or sooner if event fills before registration deadline. Event can be cancelled if minimums aren't met.
- One registration form must be completed for each event. Email confirmation will be sent within 2 weeks.
- Only girls currently in grade listed in event details may attend event. Events often require an adult to attend with individual participants, check event details.

PARTICIPANT INFO

Name- First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact (other than parent/guardian) REQUIRED \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Name of Adult attending with girl (see event details for requirements) \_\_\_\_\_  Yes, I will help Council use resources wisely and receive my confirmation via e-mail

Accommodations needed, if any (accessibility, medical, dietary, interpreter, etc.) \_\_\_\_\_

Event Name..... Location..... Date..... Time(s).....

FEES	Participants #Attending	x Fee/person	=Total fee
Girl	.....	.....	= \$.....
Adult	.....	.....	= \$.....
<b>TOTAL</b>	.....	.....	= \$.....

**TOTAL FEE**  
 (unless deposit option listed in details)  
 \$.....

**\*\*If you would like to apply for financial assistance please indicate the amount requested \$ \_\_\_\_\_ and attach the financial assistance form found on the website to your registration.**

AGREEMENT

I have read the program details and give my child permission to participate in the activity listed above. I understand that I am responsible for arranging transportation to and from event location, unless a transportation option is listed in event details. I understand that in case of emergency, every effort will be made to contact a parent/guardian prior to medical treatment. If the parent/guardian cannot be reached, however, and the situation requires immediate emergency attention as determined by the Girl Scout representatives, I hereby authorize representatives of Girl Scouts of California's Central Coast in necessary treatment for my daughter.  Yes  No

I give permission for photographs, videos, audio recording, and quotations of my child taken by authorized Girl Scouts of California's Central Coast staff or their designee to be used for council publications, television, or the World Wide Web.  Yes  No

Signature of Parent/Guardian ..... Date .....

MEMBERSHIP

- I am currently a member of GSCCC Troop#.....  I am a Juliette/independent Girl Scout
- I am currently a member of another council (name) ..... Troop#.....
- I would like to join as an individual member of Girl Scouts with this registration and have included \$12 for GSUSA membership dues.

PAYMENT INFO

\$..... Cash Name on Credit Card .....

\$..... Check (payable to GSCCC) Credit Card # ..... Expiration Date (MMYY).....

\$..... GSCCC Cookie Credit Cookie Credit # ..... Expiration Date (MMYY).....

\$..... Credit Card (VISA, MasterCard, Discover, AmEx) Signature .....

Your signature above signifies your agreement to allow GSCCC to charge the above amount to your credit card. You agree to pay this amount pursuant to the agreement you have with your credit card provider.

SUBMIT

<b>FAX 805-658-8242</b> • Fax Credit Card/Cookie Credit payment only. • GSCCC cannot confirm receipt of FAX • Do not mail original form once fax is sent	<b>DELIVER/DROP-OFF</b> All payment types listed above accepted. For Ventura or Castrovilla offices, addresses visit: <a href="http://www.girlscoutsgccc.org/contact">http://www.girlscoutsgccc.org/contact</a>	<b>MAIL</b> GSCCC- Program Registrar 801 So. Victoria Ave Ste 202 Ventura, CA 93003 • Consider using priority mail to ensure timely receipt. • Allow up to 10 days for delivery recommended. • Do not mail cash.
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