

Girl Scouts Louisiana East

Corporate Headquarters
 841 S. Clearview Parkway, New Orleans, LA 70121-3119
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www.gsle.org

Regional Service Center
 545 Colonial Drive, Baton Rouge, LA 70806
 (225) 927-8946 (800) 852-8421 F (225) 927-8402

GSLE Program Event Registration Form

PLEASE PRINT & INCLUDE REGISTRATION FEE

Return to the above Corporate Headquarters to the ATTN: Program Department.

Registration is for: Troop/Group Adult *Individual Girl (complete individual girl information below)

Event Code (mandatory): _____ Event Name _____ Event Date _____

Program Age Level (please check): Daisy Brownie Junior Cadette Senior Ambassador Juliette

Service Unit # _____ Troop # _____ Parish _____

 Troop Leader's Name _____ Email _____
 (please print clearly)

Address _____ City _____ ZIP _____

Phone # (h) (____) _____ (w) (____) _____ (c) (____) _____

Cost per girl \$ _____ Cost per Adult \$ _____

Total Amount Enclosed \$ _____

Payment in FULL is required for form to be processed. Send payment amount for only event listed on form.

Payment Information (please check):

CHECK (payable to Girl Scouts Louisiana East)
 MC VISA Discover AMEX

	W	AA	AP/I	AI/AN	H/O	TOTAL
# girls						
# adults						

Name on Card _____

Account # ____/____/____/____ **Exp. Date** ____/____

Cardholder Signature _____

KEY:
 W - White AA - African American AP/I - Asian/Pacific Islander
 AI/AN - American Indian/Alaskan Native H/O - Hispanic, Other

THE FOLLOWING MUST BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN FOR ANY GIRL REQUESTING TO ATTEND AN EVENT OR ACTIVITY AS AN INDIVIDUAL.

For girls attending with a troop/group – troop adults are responsible for obtaining parent permission and health information for participating members unless requested otherwise in the event details.

List any health conditions that event coordinator should be aware of or would limit girl's participation in activities:

List current medications:

Allergies to medication, food, insects, etc.

Physician or Clinic: _____ Phone (____) _____

Person to notify in case of emergency, if parents cannot be reached:

Name: _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

I give permission for my daughter to participate in the activity listed at the top of this event form, including transportation, if provided, to and from the program site.

I hereby give Girl Scouts Louisiana East, the right and permission, without compensation to use photographs/videos of my daughter and her name for publicity and public relations purposes. I give permission for my daughter, _____, to receive emergency medical treatment if necessary.

 Signature of parent / guardian

 Date

07/08