

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 COMPLETE BOTH SIDES OF FORM, AND 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 or Parent/Guardian'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.*

	AI/AN	A	B/AA	H/PI	H/O	W	TOTAL
# girls							
# adults							

Payment Information (please check):

CHECK (payable to Girl Scouts Louisiana East)

MC VISA Discover AMEX

Name on Card _____

Account # _____ / _____ / _____ / _____ Exp. Date _____ / _____

Cardholder Signature _____

KEY: AI/AN - American Indian/Alaskan Native A - Asian
 B/AA - Black or African American H/PI - Hawaiian/Pacific Islander
 H/O - Hispanic, Other W - White

**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.

Girl's Name: _____

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

