

**Girl Scouts Louisiana East**

**Corporate Headquarters**  
 841 S. Clearview Parkway, New Orleans, LA 70121-3119  
 (504) 733-8220 (800) 644-7571 F (504) 733-8219

[www.gsle.org](http://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**

**REMINDER:** It is the responsibility of leaders and transportation adults to assure they have parent permission slips/ troop outing forms completed and on hand for each girl participating in events.

**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 \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_  
 Troop Leader's or Parent/Guardian's Name (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

**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

**Name on Card** \_\_\_\_\_

**Account #** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_

**Cardholder Signature** \_\_\_\_\_

**The following MUST BE COMPLETED and SIGNED by the PARENT/GUARDIAN LISTED ABOVE 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

