

Event Registration Form

Adult Registration Contact

Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Event Information

Event Name: _____

Event Date: _____

Girl(s) _____ X \$ _____ = \$ _____

Adult(s) _____ X \$ _____ = \$ _____

Amount Due \$ _____

METHOD OF PAYMENT

Please make check for payment out to Girl Scouts.

Check \$ _____ Check # _____

Cash \$ _____

Dakota Dough \$ _____

Girl Information

	Troop #	First & Last Name	Address/Phone	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Adult Information

	Troop #	First & Last Name	Address/Phone	First Aid/CPR Certified Yes/No
1				
2				
3				