

Event Pathway Registration Form

Please check program description for event registration requirements.

Contact Name: _____ Troop #: _____

Grade Level: _____ Area: _____ SU: _____

Address: _____

E-mail _____ Phone: _____

Program Name _____

Program Date/Time _____

If multiple sessions are offered, our preference is: _____ Session I _____ Session II

_____ # of girls x \$ _____ cost = \$ _____

_____ # new girls x \$ _____ + \$12.00 membership fee cost = \$ _____

_____ # of adults x \$ _____ cost = \$ _____

_____ # of adults FREE (please see program description) Total Enclosed = \$ _____

New girl(s) registering with this program will be joining: _____ As a Juliette _____ Our Troop

Special Needs: _____

Please indicate the # of participants in each grade:

_____ K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12

In an effort to ensure that we are serving all girls, we encourage you to provide the following information on racial background and ethnicity:

Please indicate the # of participants of each racial/ethnic origin:

_____ African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Other

Please mail with payment to:

Girl Scouts of Kentuckiana
P.O. Box 32335
Louisville, KY 40232-2335
(502) 636-0900 (888) 771-5170
www.kyanags.org

_____ Email Sent

_____ Postcard Sent

_____ Cancellation Notice
(____ Emailed/____ Called)

_____ Refund Processed