

Festival of the Arts Planning Worksheet

Complete this form and then register so you know you have all the information you need.

Troop Number _____

Original Registration (Date) _____ 1st Revision (Date) _____ 2nd Revision (Date) _____

Number Attending Level Girls Adults

Daisy _____

Brownie _____

Junior _____

Cadette _____

Senior _____

Ambassador _____

***Note!**

If you have a multi-level troop, you may want to complete more than one form so different levels can select/attend age-appropriate programs.

How many total patches do you want? _____

(Some adults *may not want a patch*, but everyone can have one!)

Contact Information

Primary Contact Name _____ Phone Number _____

Email Address _____ Emergency phone _____

Emergency Phone Number Receives Texts? Y N

Program Selection

Select **only** programs that are open to your troop level! Please try to select the maximum number of the program options, and remember that all of the programs are good! Having a variety of choices opens you to more experiences.

EVENTS

PERFORMANCE, EXHIBITS, TOURS

WORKSHOPS

When do you want to start your first program? 9 a.m. _____ 11 a.m. _____ Later _____

How many programs do you want to attend? 1 2 3

Does your troop have any allergies or special needs? _____

Any other notes to the registrar? _____

Attendance

Total number of Girl Scouts attending _____ X \$ **18.00** = \$ _____

Total number of Adults attending _____ X \$ **18.00** = \$ _____

Total Cost \$ _____

Girls Attending:

Name	KYANA Credits:			Money Paid	Day of FOA:	
	Digits after 60501100100	CVV	Amt.		Permission Slip Rcvd?	Car#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
			Totals	\$_____	\$_____	

Adults Attending:

Name	Patch	Cell Phone Number	GS Reg'd?	Money Paid	Day of FOA:	
					Sched. Copy	Car#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
				Total	\$_____	

Total Cost - Kyana Credits - Girls Pd - Adults Pd = Balance Needed

\$_____ - \$_____ - \$_____ - \$_____ = \$_____

Plans for Day of FOA:
 Troop Leaving: Time: _____ Location: _____
 Troop Return: Time: _____ Location: _____
 Lunch: Location: _____ Plan B: _____