

Council Event Registration Form for Individuals

For All Events: Please contact the GSPW service center, with questions about any event in this brochure at 1-800-562-9787 or 906-225-8020. Participants must be registered Girl Scout members. Registration is first come, first served. Space is limited for all events. Program fees are not refundable after registration deadline (or rooster deadline, depending on the event). All activities and events are weather permitting. No tag-a-longs. No fee for adults unless noted. All adults must pre-register (even if adults do not have to pay). A minimum number is required for all transportation and events, space is limited for transportation and events.

Equipment: Girls should be dressed appropriately for the weather at all events. Sturdy closed-toe shoes with socks must be worn for all events, except during specially noted activities. Please bring a water bottle to all events.

Financial Assistance is Available: Please fill out an Opportunity Fund request for consideration for financial assistance. Requests must be received in a timely manner. Opportunity Fund forms are available at www.gspw.org or from the service center.

Return the completed registration to

Event Name (i.e. Mystery Trip, April Showers, etc.), GSPW Service Center, 131 W Washington St., Suite C, Marquette MI 49855 or fax to 906-225-8027.

Check here if you are an adult registering for the event

My daughter _____ has my permission to attend the _____

event on _____ date(s) as described in the GSPW materials. My daughter is in good physical condition and has not had a serious illness or operation since her last health examination. I will make sure she does not attend if she is not feeling well and will also inform you of the same. In the event of an emergency and I cannot be reached, I give permission to the physician selected by the adult in charge to hospitalize and to secure proper treatment for my daughter.

I consent that the Girl Scouts of Peninsula Waters, Inc. may use the photographs and/or motion picture or video taped images of my daughter/ward and/or recordings made of her voice. I hereby consent that such photographs, films, and recordings shall be the property of the GSPW and may be used in print, video, audio, or on the GSPW website.

Attached is a Current Health History Form (HHF).

Dietary Restrictions: _____

Girl's Birth date: _____ Girl's Grade in School: _____ Girl's Troop Number _____

Family Email Address: _____

Address, City, St & Zip Code: _____

Signature of Parent/Guardian: _____ Date: _____

Parent Name Printed: _____ Phone Number(s): _____

Emergency Contact: (Name) _____ (Phone Number) _____

Please make as many photocopies of this form as you need.

All GSPW events are subsidized through Annual Giving contributions.

For Office Use Only:

Receipt #: _____

Amount Paid: _____

Confirm. Pkt.: _____

Total Enclosed: _____

Check: ___ Cash (In Person Only): ___

Credit Card: Visa ___ MasterCard ___

Name on

Card: _____

Account #: _____

_____/_____/_____/_____

Exp. Date: _____

Signature: _____

Date: _____