Girl Scouts of Southeastern Michigan

Program Registration Form

Please submit one form for each program for which you are registering. A complete roster of girls and adults attending must be attached to this form in order to process your registration.

Program Title: _____

Program Location: _____ Date(s): _____

_____ **Troop Registration** Troop Contact Name (one name only): _____

_____ **Individual Registration** Girl's Name: _____

Parent's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening/or Cell: _____

Email: _____

(By providing your email address, your program confirmation packet will be sent electronically)

Program Level: ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador
☐ Girl Scouts of Southeastern Michigan ☐ Out of Council:

Program Aides are needed at some events/series, please indicate if interested: ☐ Yes ☐ No
(Must have completed PA training prior to program date)

Volunteers may be needed at events/series to assist, please indicate if interested: ☐ Yes ☐ No

	Number of Participants		Price/Person		Total
Girls		X		=	$
Adults		X		=	$
			TOTAL AMOUNT DUE	=	$
			Program Credit (if applicable)	=	$
			BALANCE DUE	=	$

Program Credit Card #

FOR CREDIT CARD PAYMENT, COMPLETE THE FOLLOWING:

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card#: _____ Exp. Date: _____ CVV _____

Name as it appears on the card: _____

Signature of card holder: _____

I have read the guidelines on council programs and understand that cancellations are non-refundable and non-transferable.

Refunds will only be issued or transferred under the following circumstances: by sending a written request prior to the registration deadline, program is filled or cancelled.

Signature: _____ Date: _____

SEND REGISTRATION FORM WITH COMPLETE PAYMENT TO:
Girl Scouts of Southeastern Michigan
Detroit Service Center
1333 Brewery Park Blvd, Suite 500
Detroit, MI 48207