

## GIRL PROGRAM REGISTRATION FORM

Leader's Name \_\_\_\_\_ Troop No. \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Program Event \_\_\_\_\_

Program Event Date \_\_\_\_\_

Cost Enclosed \_\_\_\_\_

Age Level, circle one:    Da.    Br.    Jr.    Ca.    Sr.

Event Code (if applicable) \_\_\_\_\_

# of girls attending \_\_\_\_\_ # of adults attending \_\_\_\_\_

List any special dietary or accessibility needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Make checks payable to Girl Scouts-Wilderness Road Council  
(GSWRC) unless otherwise noted in calendar**



## ADULT TRAINING REGISTRATION FORM

Name \_\_\_\_\_ Troop No. \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Workshop \_\_\_\_\_

Cost Enclosed \_\_\_\_\_

Workshop Date \_\_\_\_\_

Event Code (if applicable) \_\_\_\_\_

List any special dietary or accessibility needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Make checks payable to Girl Scouts-Wilderness Road Council  
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