



GIRL PROGRAM REGISTRATION FORM

Leader's Name _____ Troop No. _____
 Phone (H) _____ (W) _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Program Event _____
 Program Event Date _____
 Cost Enclosed _____ Event Code (if applicable) _____
 Age Level, circle one: Da. Br. Jr. Ca. Sr.
 # of girls attending _____ # of adults attending _____
 List any special dietary or accessibility needs: _____

Do you use the TAP Calendar on the web? { Yes { No

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

ADULT TRAINING REGISTRATION FORM

Leader's Name _____ Troop No. _____
 Phone (H) _____ (W) _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Workshop _____
 Workshop Date _____
 Cost Enclosed _____ Event Code (if applicable) _____
 List any special dietary or accessibility needs: _____

Do you use the TAP Calendar on the web? { Yes { No

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