

## Event Registration Form

**Mail or fax this form, or register online at [www.gswcf.org](http://www.gswcf.org).** All applicable fees must accompany this form. Forms without payment will be returned. Questions? Call 800-881-4475, ext. 253.

**Individual Registration** (not attending with a troop)

Girl's Name \_\_\_\_\_ Troop # \_\_\_\_\_

Address/City/Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_ Troop Level \_\_\_\_\_

*Confirmation will be sent via e-mail.*

**Troop Registration**

Troop Contact Name \_\_\_\_\_ Troop # \_\_\_\_\_

Address/City/Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_ Troop Level \_\_\_\_\_

*Confirmation will be sent via e-mail.*

**Programs, Events**

(List names of participants below)	# of Girls	# of Adults	Date	Time	Fee
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Adults are limited to Safety-Wise ratios.*

Event Fee \$ \_\_\_\_\_ # girls x fee  
 \$ \_\_\_\_\_ # adults x fee  
 Membership Fee \$ \_\_\_\_\_ Add \$10 for each nonmember  
 Family Partnership \$ \_\_\_\_\_ Voluntary Donation  
 Total Enclosed \$ \_\_\_\_\_ Check (payable to Girl Scouts of West Central Florida)

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit ID \_\_\_\_\_ Signature \_\_\_\_\_  
 Visa, MasterCard, Discover, American Express

Girl Participants	Girl Participants	Adults Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special dietary or medical needs: \_\_\_\_\_

**Registration closes 3 weeks prior to the event, or when the event fills.**

**Send this form and payment to:**

Girl Scouts of West Central Florida • ATTN: Registrar • P.O. Box 18066 • Tampa, FL 33679-8066

**Fax:** (813) 262-1794

**Register Online:** [www.gswcf.org](http://www.gswcf.org)