



Girl Scouts Heart of Michigan

Program Event Registration Form

Please submit one form for each event for which you are registering. Additional forms are available from your regional center or online at www.GSHOM.org.

OFFICE USE ONLY
DS:
DE:
RN:
CS:

- New registration Add-on registration

Event name: _____

Event date: _____ Event time: _____

Event ID #: _____ Event location: _____

Troop registration Contact name: (one name only) _____

Individual registration Girl's name: _____

Parent's name: _____

Contact Information:

Street address: _____

City, State, ZIP: _____

County _____

Daytime phone: (____) _____ Evening phone: (____) _____

E-mail: _____

(By providing your e-mail address, your program confirmation packet will be sent electronically)

Troop number: _____ or Juliette

Troop level: Daisy Brownie Junior Cadette Senior Ambassador

Heart of Michigan or Out of council: _____

FULL PAYMENT DUE AT TIME OF REGISTRATION

girls: _____ x \$ _____ = \$ _____

adults (required): _____ x \$ _____ = \$ _____

Additional information for family and bring-a-friend programs as it applies:

children/non-GS: _____ x \$ _____ = \$ _____

free children: _____ x \$ _____ = \$ _____

fun patches needed: _____ x \$ _____ = \$ _____

Total amount due: \$ _____

Volunteer

Yes! I want to volunteer to help at this event. Please process my troop's registration before the lottery and contact me with a job assignment.

PLEASE NOTE:
All job assignments are on a space-available basis.

Amount enclosed:

GS Cookie Incentives \$ _____

Check/M.O. (payable to GSHOM) \$ _____

Cash (walk-in registration only) \$ _____

Credit card (indicate total) \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

FOR CREDIT CARD PAYMENT, COMPLETE THE FOLLOWING:

Exp. Date ___/___/___

Visa MasterCard Discover

Card # _____ - _____ - _____ - _____

Name on account: _____

Signature: _____

I have read, understand and agree to the Program Registration Guidelines and Procedures on pages 74-76 of *The Source* or the GSHOM web site.

Signature

Date

Return with full payment to:

Mail to the attention of:
Event Registrations
Girl Scouts Heart of Michigan
Ann Arbor Regional Center
1900 Manchester Road
Ann Arbor, MI 48104

Fax with payment to:
(734) 971-2160



Girl Scouts Heart of Michigan Program Events Troop Roster

All adults and girls attending this activity must be listed on this Program Events Troop Roster.

Troop #: _____ Leader's name: _____

Program name: _____

Date: _____

Location: _____

Adults

	Name	Address (street, city, state and zip)	Phone
1			
2			
3			
4			
5			
6			

Girls

	Name	Address (street, city, state and zip)	Phone
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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