

Event Registration Form

Please submit one form for each event for which you are registering, along with an Event Roster. Additional forms are available from your regional center or online at gshom.org. A roster MUST accompany registration in order to process registration by deadline.

Pro Tip: Click Save As, and save to your personal computer as Program Name Troop#, fill out the document, save the document again, and attach to an email addressed to: programreg@gshom.org.

New registration Add-on registration

Event name: _____

Event date: _____ Event time: _____

Event location: _____

Individual/Family registration | Girl's name: _____ Juliette

Parent's name (attending): _____

Troop registration Contact name (one name only): _____

Troop number: _____

Troop level: Daisy Brownie Junior Cadette Senior Ambassador

Heart of Michigan or Out of council: _____

Special Needs/Notes: _____

Contact Information:

Street address: _____

City, State, ZIP: _____ County: _____

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

E-mail: _____

FULL PAYMENT DUE AT TIME OF REGISTRATION

Girls: _____ x \$ _____ = \$ _____

#Adults (required): _____ x \$ _____ = \$ _____

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

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

Free children: _____ x \$0 = \$0

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

Total amount due: \$ _____

Financial Assistance is Available.

Financial Assistance Request Forms are available at gshom.org, and if applying, must accompany your event registration.

<p>Amount enclosed:</p> <p><input type="checkbox"/> GSHOM Cookie/Cashew Cash \$ _____</p> <p><input type="checkbox"/> Check/M.O. (payable to GSHOM) \$ _____</p> <p><input type="checkbox"/> Cash (walk-in registration only) \$ _____</p> <p><input type="checkbox"/> Credit card (indicate total) \$ _____</p> <p>TOTAL AMOUNT ENCLOSED: \$ _____</p> <p>For credit card payment, complete the following:</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover</p> <p>Exp. Date: __/__/__ CVV Code: _____</p> <p>Card #: _____ - _____ - _____ - _____</p> <p>Name on account: _____</p> <p>Signature: _____</p>	<p>I have read, understand, and agree to the cancellation policies listed in gsEvents.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>	<p>Return with full payment:</p> <ul style="list-style-type: none"> • Mail to the attention of: Program Registrations, Girl Scouts Heart of Michigan Jackson Regional Center, 4403 Francis St., Jackson, MI 49203. • For credit card payment, FAX to 517-784-9553 or e-mail to programreg@gshom.org. • Drop off at your local regional center.
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Event Roster

In order to process your registration, all adults and girls attending this event must be listed on this roster.

Troop #	Leader/Family Name
Event Name	
Event Date	
Event Location	

Adults

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

Girls

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