

## Program Center Juliette Registration Form

## Instructions

- Use this form to register individual Girl Scouts for any events or workshops offered at the Girl Scout Program/Training Center located at 1931 Dorrie Lane, Memphis. Use one form for each girl. You may copy this form as needed.
- 2. Registrations will be accepted in order of postmark or receipt at the Girl Scout Service Center. The deadline is at least three weeks prior to the event or workshop. Payment must accompany registration.
- 3. Expect a confirmation packet with additional information within 10 days after your registration is processed.
- 4. In the event that you cannot attend a session that you have registered for, please contact the program center manager at the Girl Scout Program/Training Center (901-680-8272) or at the Girl Scout Service Center (901-767-1440). No refunds will be given for cancellation within two weeks of the program.

| Workshop/Event  |                |                        | Date:                |                                    |  |
|---|----------------|------------------------|----------------------|------------------------------------|--|
| Girl Scout Information:   |                |                        |                      |                                    |  |
| Name  |                |                        | Age                  |                                    |  |
| Phone   |                | Address_               |                      |                                    |  |
| City  |                |                        | State                | Zip                                |  |
| E-mail  |                |                        |                      |                                    |  |
| Adult Coordinating Registra   | tion:          |                        |                      |                                    |  |
| Name  | Relation       | ship                   |                      |                                    |  |
| Phone   |                | Address_               |                      |                                    |  |
| City  |                |                        | State                | Zip                                |  |
| If an adult is required to attend                                   | the workshop/  | event (check event de  | scription), please   | provide adult's information below: |  |
| Name  | Phone Number   |                        |                      |                                    |  |
| E-mail  |                |                        |                      |                                    |  |
| We welcome Girl Scouts with   | special needs. | Please list any specia | I needs or restricti | ons we will need to accommodate:   |  |
| Fees:   |                |                        |                      |                                    |  |
| Please refer to event/workshop description for any applicable fees. |                |                        |                      | Credit Card Payments               |  |
| Total Number of Girls   | X              | (fee) = \$             | Total                | Visa MC                            |  |
| Total Number of Adults  | X              | (fee) = \$             | Total                | Account No.                        |  |
| Other Fees  |                | \$                     | Total                |                                    |  |
|   |                | Total Cost = \$        |                      | Expiration Date                    |  |
| For Office Use Only: Route Date Received                            | -              | _                      | Code: 6210           | Signature                          |  |

Mailing Address: P. O. Box 240246, Memphis, TN 38124-0246 ♦ Phone: (901) 767-1440 or 800-727-8104 Fax: (901) 797-2183 ♦ E-mail: info@gsmid-south.org ♦ www.gsmid-south.org