



Troop/Group Program Center Registration Form

For Office Use Only: Confirmed Date of Program: _____ Confirmed Time of Program: _____

Instructions

1. Use this form to register Girl Scout troops/groups for any troop/group workshops offered at the Girl Scout Program/Training Center located at 1931 Dorrie Lane, Memphis. Use one form for each program. 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 earliest requested date for your program. Payment must accompany registration.
3. Expect a confirmation packet with additional information within 10 days after your registration is processed.
4. For cancellation procedures refer to the Girl Scout Program Center Workshop Guide or your confirmation letter,

Program Title _____

Person coordinating this Registration _____

Day Time Phone _____ Other Phone _____

Address _____ City _____ State _____ Zip _____

Registering as Girl Scout Troop # _____ Service Unit _____

E-mail address (confirmations will be sent by e-mail if an address is provided) _____

Number of girls registering, by age level: Da. _____ Br. _____ Jr. _____ Cad. _____ Sr. _____

Please list at least three choices of dates and times on which you want your workshop to occur. *(If registering for a specific program only offered on one day, you do not need to list any other dates.)*

Choice #1: Date _____ Starting Time _____

Choice #2: Date _____ Starting Time _____

Choice #3: Date _____ Starting Time _____

We welcome Girl Scouts with special needs. Please list their names and any special needs or restrictions we will need to accommodate: _____

Fees: Please see event/workshop description for any applicable fees.

There is a 7 girl (\$35) minimum charge for all events and workshops.

Total Number of Girls _____ X _____ (fee) = \$ _____ Total

Total Number of Adults _____ X _____ (fee) = \$ _____ Total

Other Fees _____ \$ _____ Total

Total Cost = \$ _____

For Office Use Only: Route to Program Center Manager Code: 6210

Date Received _____ Amount Received _____

Receipt No. _____

Credit Card Payments

_____ Visa _____ MC

Account No. _____

Expiration Date _____

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