



## Girl Scouts—Dakota Horizons Event/Learning Registration Form

**Opening date (Oct-Jan events) is August 23, 2010 • Opening date (Feb-May events) is January 3, 2011**

Mail registration form and payment, one payment or check per registration form, or fax with credit card payment information to 701-293-7962. Registration must be received into Event Registrar office in West Fargo, ND by event registration deadline.

**Group/Troop #** \_\_\_\_\_ **Registering (circle one)** Individual Troop Group Program Aide

**Grade Level (circle one)** Daisy (K-1) Brownie (2-3) Junior (4-5)  
 Cadette (6-8) Senior (9-10) Ambassador (11-12)

### ADULT REGISTRATION CONTACT

The adult listed below will receive confirmation, any updated information and is responsible for relaying this information to those registered.

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EVENT/LEARNING INFORMATION - Please list names of Girls and Adults registering on back.

Event Name \_\_\_\_\_ Event Date \_\_\_\_\_  
 Event Location \_\_\_\_\_ Event Code \_\_\_\_\_

Registrant	#	Event Fee	TOTAL
Girl(s)	___ X	\$ _____ =	\$ _____
Non-Member Girl(s)	___ X	\$ _____ + \$15 =	\$ _____
Adult(s)	___ X	\$ _____ =	\$ _____
		Subtotal	\$ _____
		Subtract Attached Dakota Certificates	\$ _____
		Subtract Requested Financial Assistance	\$ _____
		<b>Amount Due</b>	\$ _____
		<b>Total Enclosed</b>	\$ _____
		<b>Outstanding Balance</b>	\$ _____

**Method of Payment**

Group/Troop Check # \_\_\_\_\_  
 Personal Check # \_\_\_\_\_  
 Money Order # \_\_\_\_\_

**Credit Card Payment - Circle One**

Visa          Master Card          Discover

**For Credit Card payment complete information below.**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name as shown on card \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_  
 Amount to Charge \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE OTHER SIDE. DUPLICATE FORM AS NEEDED.**

## GIRLS

	Registered to Group/Troop # (5 digit #)	First & Last Name	Address/Phone	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

## ADULTS

	Registered to Group/Troop # (5 digit #)	First & Last Name	Address/Phone	1 <sup>st</sup> Aid/CPR Certified Yes/No
1				
2				
3				
4				
5				
6				

**Special Needs** – please list any special needs (dietary, activity restrictions, etc.) you would like to make event planners aware of before the program.

Name/troop will automatically be placed on a wait list if the event is full. Adult contact will be notified of wait list status and if spots open up. \*Remember to bring **Health and Permission Cards** for each girl attending this event.