

Event Registration Form

Name of Event (Program or Training): _____

Event Date(s): _____

Your Name: _____ Troop Number: _____

Your e-mail address: _____

Your Mailing/Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

of Girls Registering: _____ X Event Fee _____ =Subtotal \$ _____

of Adults Registering: _____ X Event Fee _____ =Subtotal \$ _____

If not GSUSA Registered _____ X Reg. Fee \$10.00 = Subtotal \$ _____

Total Fees Enclosed \$ _____

List Names of Girls and Adults attending: Please indicate with (G or A) beside each name. Use back of this form if necessary.

List any special needs: (Allergies, Dietary restrictions, physical, etc.)

Return this form and fees to: Girl Scouts of Northeast Mississippi, P.O. Box 1087, Tupelo, MS 38802