



REGISTRATION FORM

Use this form to register for council-sponsored program events, training sessions and summer camp. Complete a separate form for each event and provide all the information requested. Duplicate this form as needed. Fax registration with credit card information to 651-227-7533 or mail with payment to: 400 Robert Street South, St. Paul, MN 55107. *If mailing, please allow time for the form to be received by the registration deadline.* You may also register at GirlScoutsRV.org.

Registering as: Individual adult Troop Add-on participants to troop
 Individual girl with adult participant Individual girl without adult participant

Name: _____ Date: _____
(Main contact: include last name, first and middle initial)

Address: _____ Day phone: _____

City/State/ZIP: _____ Evening phone: _____

Email address: _____ Cell phone: _____

Girl name: _____ Grade and birth date: _____
(When registering as an individual girl with or without adult participant: include last name, first and middle initial)

Service Unit (if known): _____ Troop #: _____

Registering for:

Event/session title: _____ Start date: _____

Event/session location: _____ End date: _____

Time (only include for one day event/session) begin—end: _____

List any accommodations needed (accessibility, dietary, interpreter, allergies, etc.): _____

Payment information: Please include full payment for all participants listed on this form.

Fee per girl: _____ x _____ # of girls = \$ _____

Fee per adult: _____ x _____ # of adults = \$ _____

Girl Scout membership fee *(if not a registered member of River Valleys, include a \$12 non-refundable fee)*

Number of new members: _____ x \$12 = \$ _____

I'd like to make a tax-deductible gift to support scholarships for girls to attend Girl Scout programs: \$ _____

Total enclosed: \$ _____

Method of payment:

Check or money order payable to River Valleys: \$ _____

Cookie Credits enclosed *(for girl fees)*: \$ _____

Fall FUNds enclosed *(for girl fees)*: \$ _____

Camp Voucher enclosed *(for summer camp)*: \$ _____

Gift Certificate enclosed: \$ _____

Girls/adults grant application(s) request: \$ _____

Charge my credit card: \$ _____

- Please note that full payment must be included for council-sponsored program events, training sessions, and summer troop, family and adult & me sessions.
- Those registering for summer resident camp sessions for individual girl without adult participants, either full payment or \$50 non-refundable deposit must be included with registration or it will be returned as incomplete. If applying for a summer camp grant, include a minimum of \$10 non-refundable deposit.
- Those applying for a grant must send in a completed grant form with the registration form

Credit card type: Visa Master Card Discover

Credit card number: _____ Expiration date: _____ 3-digit security code: _____

Cardholder's name: _____

Cardholder's signature: _____



ADDITIONAL INFORMATION AND ROSTER

For council-sponsored program events: if this event is full, choose one of the following options.

- _____ Process payment and add this registration to the waiting list.
- _____ Return registration form and payment, and do not place on waiting list.

For summer camp:

Buddy choice (if applicable): Place my camper in the same housing with: _____

Signature is required for summer resident camps.

I give permission for my camper to attend and to participate in all phases of this program, including field trips if applicable. I give permission to take photographs and/or video of my camper for publicity purposes. If my girl is not already a registered Girl Scout, I give permission for her to be registered as a member of Girl Scouts of the USA.

Parent/guardian signature: _____ Date: _____

Roster (for troops registering for a council-sponsored program event or troop camp session):

Please list all event participants below. If additional spaces are required, attach your own participant roster. If you attach your own roster, include all information requested on the form below. An incomplete registration form will not be processed and will be returned for you to complete and resubmit.

Event/session title: _____ Start date: _____

NAME—LAST, FIRST, MIDDLE INITIAL	PHONE	GIRL	GRADE	ADULT	GIRL SCOUT MEMBER (YES/NO)	SPECIAL NEEDS (ACCESSIBILITY, DIETARY, INTERPRETER, ETC.)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

If you have questions about registration, contact River Valleys at Registration@girlscoutsrv.org or 800-845-0787 (Monday–Friday 8:30 a.m.–5:00 p.m.).