



**Girl Scouts of Central Indiana  
Council Event Registration Form**

Please use one registration form for each event. This form may be copied or saved to your computer and e-mailed. Please print clearly and complete all sections. If you have a multi-age level troop, girls need to attend the age-level appropriate to the event (i.e. Girl Scout Brownies cannot attend events for Girl Scout Juniors even if they are in the same troop).

**Registration Information**  
 Mail council registration form and payment to:  
 GSCI, Attn. Program Registration, 2611 Waterfront  
 Parkway East Drive, Indianapolis, IN 46214 –OR–  
 Fax council registration form with credit card number  
 to 317.924.2976

Each troop is responsible for providing only enough adults to meet Safety-Wise ratios. Those registering individually should also be accompanied by an adult. Only registered Girl Scouts may participate in council activities.

Troop #	Age level
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Location/session	Event title	Event date	Event time

Please print the name(s) of those attending this event. Use an additional sheet of paper if necessary.

Name	Grade		Name	Grade	
		<input type="checkbox"/> Girl <input type="checkbox"/> Adult			<input type="checkbox"/> Girl <input type="checkbox"/> Adult
		<input type="checkbox"/> Girl <input type="checkbox"/> Adult			<input type="checkbox"/> Girl <input type="checkbox"/> Adult
		<input type="checkbox"/> Girl <input type="checkbox"/> Adult			<input type="checkbox"/> Girl <input type="checkbox"/> Adult
		<input type="checkbox"/> Girl <input type="checkbox"/> Adult			<input type="checkbox"/> Girl <input type="checkbox"/> Adult
		<input type="checkbox"/> Girl <input type="checkbox"/> Adult			<input type="checkbox"/> Girl <input type="checkbox"/> Adult

Total #	Individual cost	Total	In order for your registration to be processed it must be accompanied by payment in full unless otherwise indicated.
Girls	\$	\$	
Adults	\$	\$	
Total due:		\$	

Select payment type (please check one)  Cash  Check  Credit Card  cookie dough

If paying by credit card, card holder's name: \_\_\_\_\_

Card type: \_\_\_\_\_ Card no.: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Leader's name: \_\_\_\_\_

Home mailing address \_\_\_\_\_ City Zip \_\_\_\_\_

Day phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Eve. phone (\_\_\_\_) \_\_\_\_\_

Please select how you would like to receive your bill (please check one)  USPS mail  E-mail

**Agreement of understanding**

I understand that if we are selected for this event, I am financially responsible for the above number of girls/adults and will owe the event balance amount unless I have cancelled in writing 15 calendar days prior to the program event.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For internal use only

Received \_\_\_\_\_ Received \_\_\_\_\_ Entered \_\_\_\_\_ Event code \_\_\_\_\_