

Event Name

Paragraph describing event.

Who who can participate?
Location location of event, with address
Date date of event
Time time of event
Cost cost of event
Min, max minimum number of participants, maximum number of participants
Registration closes what is the last date they can register?
Contact who should people contact for more information, please include all relevant contact information

Registration Form

(Information requested on this form can be changed if necessary)

Girl Scout name _____

Troop number _____ Leader name _____

Address _____

City, state, ZIP _____

Phone (_____) _____

Cost per person is \$*.

of girls x \$* = \$ _____

of adults x \$* = \$ _____

Total amount enclosed = \$ _____

Please make checks payable to Girl Scout of Central Indiana.

Return registration form to....