



**GIRL PROGRAM REGISTRATION FORM**

Leader's Name: \_\_\_\_\_ Troop No. \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Event: \_\_\_\_\_

Program Event Date: \_\_\_\_\_

Cost Enclosed \$ \_\_\_\_\_ Event Code (if applicable) \_\_\_\_\_

Grade Level (circle one): DA. BR. JR. CA. SR. AM.

No. of girls attending \_\_\_\_\_ No. of adults attending \_\_\_\_\_

(List names on roster on the bottom of this sheet)

Any special dietary or accessibility needs? Yes No

(Please list on the back of the form)

Do you use the TAP calendar on the web? Yes No

Make check payable to Girl Scouts of Kentucky's Wilderness Road Council (GSKWRC) unless otherwise noted.

**Names of Girls Attending (Roster):**


Please use *Safety-Wise* ratios when registering.  
For details see page 12.