INDIVIDUAL REGISTRATION

Include FULL payment with your registration form for all events except where noted in the program description. You may photocopy this form for future use and/or visit our website at www.gsri.org for additional copies.

Girl Name:		(
Address:			I am not currently a registered Girl Scout.
City:Stat	e:Zip:		Please register me.
Daytime Phone: Girl's Em	ail:	I will add \$12 to the total amount paid	
Age Level: ☐ Daisy (Grades K-1) ☐ Brownie (Grades 2-3) ☐ Cadette (Grades 6-8) ☐ Senior (Grades 9-10)		below.	
Program Name:		(Mail/Fax forms to:
Program Date:/			Girl Scouts of RI, Inc.
Program Location:			125 Charles Street
Deposit: \$Total Cost: \$		_	Providence, RI 02904
•••••	• • • • • • • • • • • • • • • • • • • •		Fax: (401) 421-2937
Payment Information			
☐ Please charge my credit card for \$ as inc	licated below:		
☐ MasterCard ☐ VISA ☐ American Express			
Card Number	Exp Bi	lling Zip Code	
Name on Card	Signature		
☐ My check in the amount of \$ made payak	le to GSRI is enclosed		
•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
\square I give my permission for the girl named above to attend	l this event.		
Parent/Guardian Signature:			
Print Name:			
Cell Phone: ()			
Parent/Guardian Email Address:			
Emergency Contact:			
Relationship to Girl:			
Daytime Phone: ()			
Evening Phone: ()			
Cell Phone: ()			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
As a not-for-profit organization, we are often asked to supply the following information. This is optional, confidential and used collectively for required reports:			
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Hawaiian/Pacific Islander ☐ Black/African American ☐ White ☐ Multi-racial			
Ethnicity: Hispanic Not Hispanic	For Office use ONLY	':	
	Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:Rec'd:	ect.#:	Date: