

GSSEF OFFICE USE ONLY	
Troop Check	___ Indiv Check ___
Check Amount:	\$ _____
Check Number:	_____
Date Received:	_____
GL Coding:	_____
Verified By:	_____

**** CU `UbX`DUf `GYfj JW7 YbHf



Attn: Program Registrar
 4701 NW 33 Avenue
 Oakland Park, FL 33309
 Phone 954-739-7660
 Fax 954-735-2402
REGISTER ONLINE AT:
www.gssef.org

PROGRAM REGISTRATION FORM

Complete one registration form for each program. Always follow *Safety Activity Checkpoints* girl/adult ratios. *All participants must be listed, by full name, on the Program Roster (Page 2 of this document). Registration Forms received without a complete roster and/or full payment will not be processed. This form may be copied. Print very clearly.

Program Name: _____

Program Date: _____ Time: _____

Girl Name: (*use ONLY when ONE girl is registering) _____
*When registering more than one girl with more than one adult, use the Program Roster on Page 2.

Adult Contact: (will receive all confirmation materials) _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Cell Phone: _____ Night Phone: _____

On-Site Adult Contact: _____

Troop # _____ Troop Grade Level: Daisy Brownie Junior Cadette Senior Ambassador

Number of Girls Attending: _____ X \$ _____ each = \$ _____

Number of Adults Attending: _____ X \$ _____ each = \$ _____

Total Enclosed: \$ _____

Checks may be made payable to: *Girl Scouts of Southeast Florida* or *GSSEF*

Credit Card: American Express Master Card Visa Check # _____

Name as it appears on card: _____

Account Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: (If different from contact information above)

Address: _____ City: _____ State: _____ Zip: _____

Optional Racial/Ethnic Reporting: Offer the number of girls in each ethnic area.

Asian Black Hispanic Native American White Other: _____

***Complete the opposite side of this form. All participants must be listed, by full name, on the Program Roster or it cannot be processed.**

