



GIRL REGISTRATION FORM

10/01/09 - 09/30/2010

Service Unit: Troop: Check one: [ ] Re-registering OR [ ] New Registration Member ID:

Girl's Name: First Middle Last

Address Apartment Number City State Zip Code

Telephone Number Girl E-mail Address Family E-mail address

Date of Birth Grade in School School Name She is in the custodial care of (check one): [ ] both parents [ ] mother/guardian only [ ] father/guardian only [ ] other (specify)

Mother/Guardian Name: First Middle Last Phone (day) Phone (evening)

Address (if different from above)

Employer Occupation

Father/Guardian Name: First Middle Last Phone (day) Phone (evening)

Address (if different from above)

Employer Occupation

If parent or guardian cannot be reached

Emergency Contact Name: First Middle Last Phone (day) Phone (evening)

The girl named above has my/our permission to join Girl Scouts. We acknowledge that those who register will make the Girl Scout Promise and accept the Girl Scout Law. We understand that when participating in Girl Scout activities she may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either local Girl Scout councils or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

Signature of Parent/Guardian Date

We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girls Scouts help improve outreach efforts.

Please check as many as apply.

The registrant's racial background is:

- [ ] American Indian or Alaskan native [ ] Asian [ ] Black or African American [ ] Hawaiian or Pacific Islander [ ] Other (Specify) [ ] White

The registrant's ethnic background is: (please check one)

- [ ] Hispanic or Latina [ ] Not Hispanic or Latina

Special Needs (specify):

Signature of Parent/Guardian Date

Join other families who contribute to Family Giving, and help ensure EVERY GIRL has the opportunity to build courage, confidence, and character. Designate your favorite troop, and they will receive 20% of your gift. [ ] Opportunity Fund OR [ ] Troop #.....

I would like to contribute: [ ] \$500 [ ] \$250 [ ] \$200 [ ] \$150 [ ] \$100 [ ] \$75 [ ] \$50 [ ] Other.....

[ ] My check is included [ ] Please bill my credit card Credit Card # Expiration Date:

Signature: I understand that my voluntary, tax-deductible gift will help support girls locally, and will remain in our council.

(Please contact your employer to inquire about a matching gifts program. Your gift could be doubled or tripled!)

Return this form with \$12 annual membership dues to your leader/advisor or mail to Girl Scouts, 1404 N. Ash, Spokane, WA 99201

[ ] My check is included [ ] Please bill my credit card Card # Expiration Date: Signature: