

**Please use a separate form for each program.
Please complete front and back of form and print *clearly*.**

Program Name _____ Date _____ Time _____

Troop/Group # _____ Service Unit # _____
 Daisy | Brownie | Junior
 Cadette | Senior | Ambassador

Person responsible for receiving information:

Name _____ Email _____

Address _____ City _____ State _____ Zip Code _____
 () ()

Home Phone _____ Cell Phone _____ Work Phone _____

Special Needs (sign interpreter, Braille materials, dietary restrictions, wheelchair, etc.):

Complete Troop/Group Roster on Reverse Side	Registration Information				
	# of Participants		Program Fee		Total
	# Girls	X	\$	=	\$
	# Adults	X	\$	=	\$
	# Extra Adults	X	\$	=	\$
TOTAL AMOUNT DUE				\$	

Please choose one:

- If program is full, please place our troop on the waiting list.
- We would like the alternate program time of _____, if program 1st choice is full.

By signing this form, I agree that I have read and understand the Program Registration information, fees, refunds, cancellation and substitution policies.

Signature _____

Date _____

Mail this completed Program Registration Form and check or money order payable to GSHPA to:
 Girl Scouts in the Heart of Pennsylvania
 350 Hale Avenue
 Harrisburg, PA 17104

