

GIRL / ADULT PROGRAM REGISTRATION FORM
(Please print)

Leader's Name _____ Troop No. _____

Phone (H) _____ (W) _____

Address _____

City, State, Zip _____

Email Address _____

Name of Event _____

Event Date _____

Enclosed \$ _____ Event Code (if applicable) _____

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

No. of Girls attending _____ No. of Adults attending _____

Any special dietary or accessibility needs? Yes No

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

Make check(s) payable to:

Girl Scouts of Kentucky's Wilderness Road Council (GSKWRC) unless otherwise noted

Mail registration form to: 2277 Executive Drive, Lexington KY 40505

List the names of Girls attending:

List the names of Adults attending:



ADULT TRAINING REGISTRATION FORM
(Please print)

Leader's Name _____ Troop No. _____

Phone (H) _____ (W) _____

Address _____

City, State, Zip _____

Email Address _____

Training Event _____

Training Event Date _____

Enclosed \$ _____ Event Code (if applicable) _____

Do you have any special dietary or accessibility needs? Yes No
(Please list any special needs on the back of this form)

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

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

Mail registration form to: 2277 Executive Drive, Lexington KY 40505

List of Adults Attending:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |
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