



GIRL PROGRAM REGISTRATION FORM

Leader's Name: _____ Troop No. _____

Phone (H) _____ (W) _____

Address: _____

City, State, Zip: _____

Email Address: _____

Program Event: _____

Program Event Date: _____

Cost Enclosed \$ _____ Event Code (if applicable) _____

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

No. of girls attending _____ No. of adults attending _____

(List names on roster on the bottom of this sheet)

Any special dietary or accessibility needs? Yes No

(Please list on the back of the form)

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

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

Names of Girls Attending (Roster):

Please use *Safety-Wise* ratios when registering.
For details see page 12.