



# Girl Scouts of Western New York Program Registration Form

Office Use Only
Confirmation: _____
Batch #: _____

Additional forms as well as program listings can be found on our Website at [www.gswny.org](http://www.gswny.org)

Grade Level:    Daisy        Brownie        Junior        Cadette        Senior        Ambassador

Individual or Responsible Adult Name:		Phone:	
Address:	City:	State:	Zip:
Email to receive electronic confirmation of this registration:			
<b>If registering a troop/group, please also complete the following:</b>			
Troop Number:	County:		
Service Unit:	Email:		
<b>Troop/Groups must complete all parts of Section II.</b>			

Name of 1 <sup>st</sup> Choice Program	Date:	Time:
Program/Training Code:	Location:	

Name of 2 <sup>nd</sup> Choice Program	Date:	Time:
Program/Training Code:	Location:	

**Section II**

Number of Girls:	x	\$	=	\$
Number of Adults:	x	\$	=	\$
(Please indicate number of adult members)				
Subtotal:			=	\$
Non-member Fee (add \$5 per girl)			+	\$
Total Amount Enclosed:			=	\$
Please indicate any special needs or accommodations:				

**All participants must be listed below. Legibly print all first and last names here. (use back if needed as all participant names are required)**

Adults names:	Girls names:	Girls names:
CPR/1 <sup>st</sup> Aider:		

**We strive to make programs age appropriate. Please make certain the program is for your troop/girl age level. Thank you.**

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Method of payment:	<input type="radio"/> Cash/Check	<input type="radio"/> Cookie Credit	<input type="radio"/> Credit Card
Credit card number:	Expiration:	CVV#	
Cardholders name:			
Cardholders address:			
Signature:			

For programs/trainings being held in Cattaraugus, Chautauqua, Genesee, Livingston, Monroe, Orleans & Wyoming Counties please mail your registration to:  
GSWNY-Registrar 1000 Elmwood Ave, Suite 200 Rochester, NY 14620

For programs/trainings being held in Erie and Niagara Counties please mail your registration to:  
GSWNY-Registrar 3332 Walden Ave, Suite 106 Depew NY 14043