



# Individual Registration for Program Events

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Please register only 1 girl per form.  
Please use 1 registration form for each event. This form may be copied.  
Please print with blue or black ink and complete all sections.

**MAIL COMPLETED FORM TO:**  
Girl Scouts Heart of Central California  
6601 Elvas Ave  
Sacramento, CA 95819

First Name		Last Name	
Home Mailing Address			
City		Zip Code	Troop #
Program Event Title		Program Event Date	Time

**Please select how you would like to receive your bill.** (please check one):  E-mail  USPS mail

**Billing e-mail address** (please print): \_\_\_\_\_

**Let us know if you need the following:**

wheelchair accessibility  sign language interpreter  physical assistance  other \_\_\_\_\_

**Due to the nature of some of these activities, accommodation may not be available in all circumstances.**

**PARENT/GUARDIAN INFORMATION**

**Note:** Unsigned forms will not be processed

- If not already a Girl Scout, my daughter may join Girl Scouts. Please fill out this Girl Membership Registration form. Enclose the \$12.00 registration fee, attach to this registration form and mail both to the address listed above.  Girl Membership Registration form and fee is attached.
- Each girl must bring a signed Parent Permission For Participation in Girl Scout Activity and Authorization To Consent to Emergency Medical Treatment for Girl Scout Minor (form #161) **OR** Parent/Guardian Trip Permission (form #695) (available at [www.girlscoutshcc.org](http://www.girlscoutshcc.org)).
- I understand that if my daughter is selected for this program event, I am financially responsible for the registration fee and will owe this unless I have cancelled **in writing 15 calendar days prior to the program event.** E-mail to: [cancel@girlscoutshcc.org](mailto:cancel@girlscoutshcc.org) Fax to: (916) 452-9182

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

Name of accompanying Adult (please print) \_\_\_\_\_