

TROOP REGISTRATION FORM

Leader's Name: _____
Address: _____
City/State: _____ ZIP: _____
Email Address: _____
Daytime Phone: _____ Other Phone #: _____
Troop #: _____ Age Level: _____
Program #: _____ Program Name: _____
Date/Time/Place: _____
Total # of Participants: Girls _____ Adults: _____
of Participants _____ X Cost Per Person \$ _____ = Total Fee \$ _____
Using Cookie Credits? Yes _____ No _____ Total Cookie Credit \$ _____

GIRL PARTICIPANT NAMES:

-
- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Must return signed cookie credit slips to total amount of credit being used.

RETURN THIS FORM WITH TOTAL FEE TO:

Girl Scouts of the Permian Basin, 5217 N. Dixie, Odessa TX, 79762