

**GSSEF OFFICE USE ONLY**

Troop Check  Indiv Check   
Check Amount: \$ \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
GL Coding: \_\_\_\_\_  
Verified By: \_\_\_\_\_



**GSSEF Administrative HQ**

Attn: Customer Care  
6944 Lake Worth Road  
Lake Worth, FL 33467  
customer care@gsef.org  
www.GSSEF.org

**PROGRAM REGISTRATION FORM**

Complete one registration form for each program. All attendees must be listed, by full name, on the Program Roster (Page 2 of this document). Registration Forms received without a complete roster and/or full payment will not be processed. This form may be copied. Print very clearly.

Program Name:		
Program Date:	Start Time:	End Time:
Girl Name: (Use ONLY when ONE girl is registering. If more than one girl with more than one adult, use the Roster on page 2)		
Adult Contact Name: (will receive all confirmation materials)		
Address:		
City:	State:	Zip:
Email:		
Cell Phone:	Alt Cell Phone:	
On-Site Adult Contact Name:		
Troop #:	Grade Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/> Multi-Level	

Number of Girls Attending: \_\_\_\_\_ X \$ \_\_\_\_\_ each = \$ \_\_\_\_\_  
Number of Adults Attending: \_\_\_\_\_ X \$ \_\_\_\_\_ each = \$ \_\_\_\_\_  
Total Enclosed \$ \_\_\_\_\_

**PAYMENT INFORMATION**

Checks may be made payable to: Girl Scouts of Southeast Florida or GSSEF

Credit Card:  American Express  Master Card  Visa  Check # \_\_\_\_\_

Name as it appears on the card:		
Account Number:		
Expiration Date:	Security Code:	
Billing Address: (if different from above)		
City:	State:	Zip:

Optional: Please indicate the number of girls in each ethnic area:

Asian  Black  Hispanic  Native American  White

Other: (please list)

\* Continue to Page 2 of this form. All participants must be listed, by full name, on the Program Roster or it cannot be processed.

