

**Program  
REGISTRATION FORM  
"Individual"**  
(non-troop)

Girl Scout Council of Hawaii  
(send this completed Registration Form & fees to the office indicated in the  
Program Guide "register to:")

Registration As:  Individual (Girl)  
 Parent/Daughter  
 Adult Registration

Event  
Program: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time/ Session: \_\_\_\_\_

Level of Participant(s):  Daisy  Brownie  Junior  Cadette  Senior  Adult

**Girl Participant**

(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Registered Girl Scout?  Yes  No Troop #: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mailing  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Island \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Emergency  
contact person: \_\_\_\_\_ Phone # \_\_\_\_\_

**Adult/Parent Participant**

(First) \_\_\_\_\_ (Last) \_\_\_\_\_ Service Unit \_\_\_\_\_

Registered Girl Scout?  Yes  No Troop #: \_\_\_\_\_ (if "no", GS membership form will be included with mailback)

Mailing  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Island \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Emergency  
contact person: \_\_\_\_\_ Phone # \_\_\_\_\_

☞ Are there any special needs (language, dietary, accessibility, etc.) which we should be aware of to increase your enjoyment of this event?  Yes  No Please specify \_\_\_\_\_

☞ Do you need help with neighbor island airport pick up and/or drop off? Please specify \_\_\_\_\_

☞ If girl is requesting FA, the Financial Assistance application must accompany this registration form.

**REMEMBER:** Registrations CANNOT be taken over the phone.

**Registration forms may be duplicated \_ Fill out separate registration form for each program over**

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If T-shirts are offered for your event,  No T-shirt offered Date received: \_\_\_\_\_  
 Please indicate quantity for each size:  T-shirt included in event fee (indicate size)

\_\_\_\_\_ Youth S(6-8) \_\_\_\_\_ Youth L(14-16) \_\_\_\_\_ Adult M \_\_\_\_\_ Adult XL  
 \_\_\_\_\_ Youth M(10-12) \_\_\_\_\_ Adult Sm \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XXL (XXL and XXXXL)  
Add \$2 per shirt

T-shirts ordered Total #: \_\_\_\_\_ Total T-shirt fee: \$ \_\_\_\_\_

If patches are offered for your event,  No patch offered  
 please indicate quantity.  Patch included in event fee (indicate number)

Patch ordered Total #: \_\_\_\_\_ Patch fee: \$ \_\_\_\_\_

Payment Summary: (include T-shirts and patches **only if applicable for your event**, check event in program guide for specifics)

**Girl participation cost:** \$ \_\_\_\_\_ Total T-shirt cost: \$ \_\_\_\_\_

**Adult participation cost:** \$ \_\_\_\_\_ Total patch cost: \$ \_\_\_\_\_

**Total Amount Enclosed with Registration Form:** \$ \_\_\_\_\_

Charge Amount: \_\_\_\_\_  
 Please charge my:  MasterCard  Visa

Make checks payable to:  
**Girl Scout Council of Hawaii**

Print name as appears on card \_\_\_\_\_  
 Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_

**\* Parents, please fill out and sign the statement below.**

I give permission for my daughter to participate in (activity) \_\_\_\_\_ on (date) \_\_\_\_\_ and to become a Girl Scout member, if not already a member. She is in good physical condition and has not had any serious illness or operation since her last health examination (date) \_\_\_\_\_. If it is necessary for a physician to attend to my child, she may have emergency medical attention at my expense. She has permission for Council public relations photos.

Parent Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send your completed registration form and fees to our Council Offices:**

- Oahu - 420 Wyllye St. Honolulu, HI 96817
- East Hawaii - 16-105 Opukahaia St., Keaau, HI 96749
- West Hawaii - 74-5588 Pawai Pl., Bldg. B, Kailua-Kona, HI 96740
- Kauai - 4268 Rice St, Ste 1, Lihue, HI 96766-1329
- Maui - 200 B Liholiho St., Wailuku, HI 96793

Office Use Only

Input Date: \_\_\_\_\_  
 credit card  
 cash  check # \_\_\_\_\_  
 cookie coupons \_\_\_\_\_  
 financial asst. \$ \_\_\_\_\_  
 Bal Due: \_\_\_\_\_ Paid: \_\_\_\_\_  
 MB sent \_\_\_\_\_