

GIRL SCOUTS OF THE DESERT SOUTHWEST TRAINING REGISTRATION FORM



Girl Scouts®

| | | | |
|--------------------------|--|--------------------------|-----------------|
| Name: _____ | | Email: _____ | |
| Address: _____ | | | Apt: _____ |
| City: _____ | | State: _____ | Zip Code: _____ |
| Home Phone: (____) _____ | | Cell Phone: (____) _____ | |

| | | | |
|--|----------------|---|--------------|
| Course _____ | | Date of Course _____ | |
| Time _____ | Location _____ | | Fee \$ _____ |
| Troop Number: _____ | | <input type="checkbox"/> Individual Member? | |
| Service Unit: _____ | | | |
| Age Level: <input type="checkbox"/> Daisy (K-1) <input type="checkbox"/> Brownie (2-3) <input type="checkbox"/> Junior (4-5) | | | |
| <input type="checkbox"/> Cadette (6-7-8) <input type="checkbox"/> Senior (9-10) <input type="checkbox"/> Ambassador (11-12) | | | |
| Are you training to become a new Leader/Co-Leader? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have any special needs or medical conditions? _____ | | | |

Registrations **must** be sent to:

GSDSW 5217 N. Dixie, Odessa, TX 79762

** If a fee is charged, payment must accompany the registration.

REGARDING THE COURSES

Please read over the following Adult Education policies and sign below:

- Registration must be received 2 weeks prior to the event.
- If you cannot attend your scheduled course(s), contact the training registrar, 432-550-2688 ext.303, at least 48 hours in advance to reschedule so that other volunteers may attend what may otherwise be a full course.
- If you are a "no show" for a class with a fee, there will be **no refunds or transfers**. If a course is cancelled by council you will receive a full refund.
- CHILDCARE IS NOT AVAILABLE** unless indicated otherwise in the training calendar. Please make prior arrangements.
- Please plan to arrive at least 10 minutes prior to class time to sign-in and get situated.

I understand the above statements and agree to adhere to these policies.

Signature: _____ **Date:** _____

| | | | |
|---|-------------------------------------|-----------------------------------|------------------------|
| FOR OFFICE USE ONLY - PAYMENT INFORMATION: | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover | Total Amount: \$ _____ |
| <input type="checkbox"/> Check | <input type="checkbox"/> MasterCard | Receipt Number: _____ | |
| <input type="checkbox"/> Other: _____ | Date: ____/____/____ | | Initials: _____ |