



**Program Registration**

Instructions: Submit one form per event. Registration fees must be enclosed with the form in order to guarantee your space in the program. Leaders/individuals must have signed permission slips for all girls at the time of the activity. Please print. Don't forget area and zip codes. **Mail to: GSCSNJ Cherry Hill Service Center, 40 Brace Road, Cherry Hill, NJ 08034 (or fax with credit card info to 856-354-8425).**

Event: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ E-Mail: \_\_\_\_\_

#Girl \_\_\_\_\_ X \$ \_\_\_\_\_ =Total \$ \_\_\_\_\_ #Adults \_\_\_\_\_ X \$ \_\_\_\_\_ =Total \$ \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_ My check is enclosed: Check Number \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp (mm/yy): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Card Holder Zip Code (required): \_\_\_\_\_

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

**PARTICIPANTS:** List names of all girls and adults attending program (continue on back if needed).

Service Unit: \_\_\_\_\_ Troop #: \_\_\_\_\_

(circle one)

1. G/A \_\_\_\_\_ Grade \_\_\_\_\_

2. G/A \_\_\_\_\_ Grade \_\_\_\_\_

3. G/A \_\_\_\_\_ Grade \_\_\_\_\_

4. G/A \_\_\_\_\_ Grade \_\_\_\_\_

5. G/A \_\_\_\_\_ Grade \_\_\_\_\_

6. G/A \_\_\_\_\_ Grade \_\_\_\_\_

7. G/A \_\_\_\_\_ Grade \_\_\_\_\_

8. G/A \_\_\_\_\_ Grade \_\_\_\_\_