



Girl Scouts of Western New York Program Registration Form

Office Use Only
Confirmation: _____
Batch #: _____

Additional forms as well as program listings can be found on our Website at www.gswny.org

Grade Level: Daisy Brownie Junior Cadette Senior Ambassador

Individual or Responsible Adult Name:		Phone:	
Address:	City:	State:	Zip:
Email to receive electronic confirmation of this registration:			
If registering a troop/group, please also complete the following:			
Troop Number:	County:		
Service Unit:	Email:		
Troop/Groups must complete all parts of Section II.			

Name of 1 st Choice Program	Date:	Time:
Program/Training Code:	Location:	

Name of 2 nd Choice Program	Date:	Time:
Program/Training Code:	Location:	

Section II

Number of Girls:	x	\$	=	\$
Number of Adults:	x	\$	=	\$
(Please indicate number of adult members)				
Subtotal:			=	\$
Non-member Fee (add \$5 per girl)			+	\$
Total Amount Enclosed:			=	\$
Please indicate any special needs or accommodations:				

All participants must be listed below. Legibly print all first and last names here. (use back if needed as all participant names are required)

Adults names:	Girls names:	Girls names:
CPR/1 st Aider:		

We strive to make programs age appropriate. Please make certain the program is for your troop/girl age level. Thank you.

For Office Use Only:

Method of payment:	<input type="radio"/> Cash/Check	<input type="radio"/> Cookie Credit	<input type="radio"/> Credit Card
Credit card number:	Expiration:	CVV#	
Cardholders name:			
Cardholders address:			
Signature:			

**For programs/trainings being held in
Cattaraugus, Chautauqua, Genesee,
Livingston, Monroe, Orleans, and Wyoming
Counties please mail your registration to:
GSWNY - Registrar
1020 John Street
West Henrietta, NY 14586**

**For programs/trainings being held in Erie
and Niagara Counties please mail your
registration to:
GSWNY - Registrar
3332 Walden Ave.
Suite 106
Depew, NY 14043**