



# PROGRAM EVENT REGISTRATION

## Troop/Group/Family

Western Oklahoma, Inc. • 121 N.E. 50<sup>th</sup> Street • Oklahoma City, OK 73105  
 (405) 528-3535 • 1-800-698-0022 • FAX: (405) 528-4475

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

Event Location \_\_\_\_\_ Event Time \_\_\_\_\_

Name of Adult \_\_\_\_\_ E-mail \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Service Unit: \_\_\_\_\_ Troop/Group No. \_\_\_\_\_ # of Da \_\_\_\_\_ Br \_\_\_\_\_ Jr \_\_\_\_\_ Ca \_\_\_\_\_ Sr \_\_\_\_\_ Adult \_\_\_\_\_

# of girls attending	_____	X \$	_____ (event fee)	=	\$ _____
# of boys attending	_____	X \$	_____ (event fee)	=	\$ _____
# Safety-Wise adults	_____	X \$	_____ (event fee)	=	\$ _____
# additional adult females	_____	X \$	_____ (event fee)	=	\$ _____
# additional adult males	_____	X \$	_____ (event fee)	=	\$ _____
# or meals (if applicable)	_____	X \$	_____	=	\$ _____

**FEE MUST ACCOMPANY REGISTRATION**      **TOTAL # Attending** \_\_\_\_\_      **TOTAL DUE: \$** \_\_\_\_\_

Make checks payable to Girl Scouts-Western Oklahoma, Inc.  
 121 N.E. 50<sup>th</sup> Street, Oklahoma City, OK 73105-1809

MasterCard     
  Visa     
  Discover  
 Acct# \_\_\_\_\_      Expiration date \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Name as it Appears on the Card \_\_\_\_\_

FOR OFFICE USE ONLY	
Fee enclosed \$ _____	Date _____
Receipt # _____	Initials _____
Cash _____	Check _____
CD _____	Charge _____
Notification sent	Date _____
	Initials _____
Data entered	Date _____
	Initials _____

The racial/ethnic information is valuable to both the council and GSUSA in monitoring whether we are serving girls and adults in all racial/ethnic groups. The racial/ethnic information is based on visual assessment only.

	Asian/Pacific Islander	Black	Caucasian (white)	Native American/ Alaska Native	Spanish Hispanic	Other
<b>TOTAL</b>						

**ADULT IN CHARGE:** You are responsible for providing health forms for all girls and adults to the program staff. In the table below, list the names of the people you are registering, indicating girl (G) or adult female (AF) or adult male (AM).

Full Name and category	Full Name and category	Full Name and category

**SPECIAL NEEDS** (list any needs for your troop/group or individual)