



PROGRAM EVENT REGISTRATION

Troop/Group/Family

Western Oklahoma, Inc. • 121 N.E. 50th 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)	=	_____
# <i>Safety-Wise</i> 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. 50th 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
TOTAL						

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)