

REGISTRATION

EVENT NAME _____

Event # _____ **Session #** _____ (if any)

Please REGISTER ADD-ON TO ORIGINAL REGISTRATION.

IDENTIFICATION

Level _____

Troop # _____ Service Unit _____

Leader/Parent Name _____

Address _____

City _____

State _____ Zip _____

Home Phone () _____

Work Phone () _____

Email _____

If camping at Adahi, what is your sleeping accommodation preference?

___ Tents ___ Cabins (if available)



Girl Scouts.

Girl Scouts of Moccasin Bend Council

P.O. Box 15969 (1936 Dayton Blvd.)
Chattanooga, TN 37415-0969
423 877 2688 • 800 446 2472
F 423 877 5587 • info@mbgsc.org

PAYMENT INFORMATION

Girls _____ x \$ _____ = \$ _____

Girls _____ x Girl Op* = \$ _____

Adults _____ x \$ _____ = \$ _____

Adults _____ x No Fee** = \$ _____

Total \$ _____

***Less Cookie Credits \$ (_____)

TOTAL ENCLOSED \$ _____

***Attach Girl Op Application. **If applicable to event. ***Please list cookie credits below.**

TRIP: Full Amount Payment Plan Deposit Only

Cash Check/M.O. Credit Card Cookie Cr Girl Op

Expiration Date _____ Visa MC Discover

Card # _____

Name on Card _____

Signature _____

Office Use Only: Cash Check/MO Credit Card
 Cookie Credits Girl Opportunity

Amt. Paid \$ _____

Date _____ Receipt # _____

GIRL PARTICIPANTS

ADULT PARTICIPANTS

Name	Age	\$ Amt. Cookie Credit (if used)
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		
9) _____		
10) _____		
11) _____		
12) _____		
13) _____		
14) _____		
15) _____		

Name
1) _____
2) _____
3) _____
4) _____
5) _____

RACIAL / ETHNIC ORIGIN

Girls

Adults

Am. Indian or Alaskan Native _____

Asian or Pacific Islander _____

Black _____

White _____

Other _____

Also of Spanish/Hispanic origin _____

KEEP A COPY FOR YOUR INFORMATION AND FILE MAKE ADDITIONAL COPIES IF NEEDED