

### CALI GIRL EVENT REGISTRATION FORM (GIRL)

Girl Scout Cookie Program. One registration form per individual. Print legibly with blue or black ink and complete all sections. Incomplete registration forms not accepted. This is only for CALI GIRL event.

This form is duplicable.

DATE OF EVENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TROOP #: \_\_\_\_\_ SERVICE UNIT #: \_\_\_\_\_

Girl First Name: \_\_\_\_\_ Girl Last Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Girl Level:     Daisy         Brownie         Junior         Cadette         Senior         Ambassador

**Check One:**         **WILL attend**                       **WILL NOT attend**

#### PARENT OR GUARDIAN

Name: First \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

**Safety Activity Checkpoints require a completed Annual Health History form signed by a parent/guardian for every Girl.**

**This event to meet the guidelines for adult-to-child ratio with adult supervision.**

**Girl Scout membership REQUIRED for all girls. Forms available on [www.girlscoutscs.org](http://www.girlscoutscs.org) – Forms**

### PERMISSION AND EMERGENCY INFORMATION

- Does your Girl Scout have any allergies or special dietary needs? Check one:  
 NO                       YES; list: \_\_\_\_\_
- Does your Girl Scout carry any medications (epi-pen, inhaler, etc.)? Check one:  
 NO                       YES: I have attached the CONSENT TO PROVIDE MEDICATION TO A MINOR form
- Emergency contact on day of event:  
Name: \_\_\_\_\_ Last: \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

If an emergency should arise which requires immediate medical attention, and I/guardians am unable to give my consent or my emergency contact cannot be reached, you are authorized to initiate whatever steps are needed to protect my child's health.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Event Registration Form must be completely filled out and submitted to [customer care@girlscoutscs.org](mailto:customer care@girlscoutscs.org)  
Attn: Product Programs Dept.**