

Training Set-Up Form

Please submit the Training Set-Up Form no later than 3 weeks prior to the training.

Event Name: _____

Event Date/Day: _____

Location (must include address): _____

County/Area: _____

Trainer: _____

Trainer Contact: Phone _____ Email: _____

Apprentice Contact: _____

(if applicable): Phone _____ Email: _____

CPR/First Aid Trainer Certification Expiration Date: _____

Time: Start _____ End _____

Program Age Level: D B J C S A All
(Circle)

Fee: Adult _____ Girl _____

Participants: Minimum # _____ Maximum # _____

Refunds: _____

Publish on Website/On-Line Registrations

Special Instructions: _____

Received: _____ date _____ initials Approved: _____ date _____ initials

Send: Customer Care
 Email:
customercare@girlscoutscs.org
 Phone: 800-490-8653
 Mail or Drop Off: GSCCS Fresno Headquarters or
 Bakersfield Regional Offices