

Girl Scouts of Gateway Council, Inc.

1000 Shearer Avenue; Jacksonville, FL 32205 877-764-5237 904-388-4653 FAX 904-384-1542



		TROO	P REGIS	TRATION			
	Please Reac Copies may be made	I Registration P					
Na	me of Activity		ctivity Date(Locatio		Cost per Person
			Wh	en registering	g as a troop,	leaders ai	re responsible for
ROOP LEADER'S I	NFORMATION						s, and photo releases.
Name:				nt of cancella			be contacted in the
Complete Address ind City, State, Zip	cluding						County
Day Phone	Evening Phone		Evening Phone		E-Mail		
ge evel		Troop Number		Service U	nit:		
mergency Contact		Day Ph		Ext	Eve Pł	ו	Ext
METHOD OF PAYM	1ENT & PAYMENT F	PLANS:					
	heck or Credit Order Card	Cookie	Ci	redit Card Infor	mation:	🔿 Visa	○ Master Card
,,,	·		Ν	ame as it appea	ars on Card		

Amount Due:

	# Full-Price Girl Participants	@	=			
	# Financial Aide Girl Participants (50% of fee)	@	=			
	TOTAL # Girl Participants:					
A.	# Full-Price Adult Participants	@	=			
	# Financial Aide Adult Participants (50% of fee)	@	=			
	TOTAL # Adult Participants:					
В.	Cookie Dough Enclo	osed:				

RETURN CHECK POLICY

Account #: _____

Expiration Date

Returned checks are forwarded to Global Check Recovery and are subject to electronic redeposit without further notice. Recovery fees as allowed by state law (\$30) are assessed and may be debited from your checking account.

Signature of Card Holder

CVS #:

C.	Total Enclosed:					
Name of Girls		Name of Girls (continued)		Name of Adults	Name of Adults (continued)	