

PROGRAM REGISTRATION FORM

- Use this form for **program activities**. Select your event either from the Golden Link or the online registration site. Only ONE form per program, please.
- **Preregistration is necessary** to ensure adequate materials are available. Please review the detailed cancellation and wait list policies before registering for any program.
- **Late registrations will not be accepted for any reason.** Email to registration@sjgs.org.
- Do NOT write credit card information anywhere on this form. **Registrations will be rejected (shredded) if card information is present.** For card payments, check the box and include a contact number in the bottom right corner. A registrar will contact you for payment. Registration by paper will take 3-5 business days to process.
- **Financial assistance is available.** Mark the appropriate area on the form. Allow **four weeks** for processing financial assistance requests.
- **You will be notified whether you are or are not placed in the event.** A refund check will be sent if you are not placed.
- To participate, **girls must bring** one original permission slip (F-204) and one photocopied medical information form (F-185) to the event. **Adults must bring** one original adult emergency form (F-22) to the event.
- **Every effort is made to accommodate girls and adults with special needs. Attach request of specific needs to the registration form.**
- For information, call 713-292-0370 or 1-800-392-4340.

PROGRM/EVENT NAME: _____ **Course #** (if applicable): _____

Date of Event: _____ **Time of Event:** _____

Location of Event: _____ **Alternate Date/Time:** _____

Registration For: ☐ Troop #/Group _____ (list participants in box below below)
☐ Individual Girl Member - Girl Name: _____ DOB: ____/____/____
 Individual Adult Member – Adult Name: _____ Zip: _____

Level (circle): D B J C S A Adult

Who is parent/guardian/leader for this individual/group/troop?

Troop/Group Participants		
Participant Name	Age	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Adult Participant	Gender	
1		
2		
3		
4		

Name _____ Phone _____

Email _____

Mailing Address _____

City, State, Zip _____

girl members _____ X \$ _____ = \$ _____

adult members _____ X \$ _____ = \$ _____

Subtotal = \$ _____

TOTAL payment due for this Program = \$ _____

☐ Please call to collect payment: _____
 Phone