

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.** Mail to 3110 Southwest Fwy., Houston, TX 77098 or fax to **713-292-0340**.
- **Enclose Fees** (if applicable) with the registration form. **Make checks payable to GSSJC.** Do NOT send cash.
- 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. Ask a community leadership team member for form O-134G. 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: _____

NonMember - Name: _____ DOB: ___/___/___

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	Member? (y/n)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
Adult Participant	Gender	Member? (y/n)	
1	_____	_____	
2	_____	_____	
3	_____	_____	
4	_____	_____	

_____ Name _____ Phone _____

_____ Email _____

_____ Mailing Address _____

_____ City, State, Zip _____

girl members ___ X \$___ = \$ _____

nonmember youth ___ X \$___ = \$ _____

adult members ___ X \$___ = \$ _____

nonmember adults ___ X \$___ = \$ _____

Subtotal = \$ _____

Less Financial Aid requested (F-134G) (-) \$ _____

We would like to include a donation to the Juliette Gordon Low World Friendship Fund (+) \$ _____

Other program charge (specify) _____ (+) \$ _____

TOTAL payment due for this Program = \$ _____

Please call to collect payment: _____
Phone