



Program Event Registration

Please return this form, along with all applicable fees to your regional office or mail to

Event Registrations, c/o Event Registrar

615 W. 29th St

North Little Rock, AR 72114

Please complete all parts of areas of the form. Incomplete forms will not be accepted. Note event registration deadline and allow sufficient time to reach office

Late registrations and postmarks will not be accepted.

I'm registering my: Troop Individual daughter(s) Family (for FAMILY events only)

Event name _____ Event location _____ Event date _____

Troop # and Level: _____ Contact name: _____ Position: Leader Co-Leader Parent

Contact's phone # _____ Alternate phone # _____ Address _____

City/State/Zip _____ Email _____

Names of all girls attending	Grade	Names of all adults attending	
_____	_____	_____	# of girls x event fees = _____
_____	_____	_____	
_____	_____	_____	# of adults x event fees = _____
_____	_____	_____	
_____	_____	_____	Others fees, if applicable _____
_____	_____	_____	Total enclosed = _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Special note: If requesting financial aid or paying with Cookie Bucks, the appropriate form must be attached to this registration along with a check for the amount you can pay.

Special needs & food allergies: Girls _____ Adults _____

FOR OFFICE USE ONLY		Receiving office: _____	
Amount paid: _____	Date received: _____	Receipt #: _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Personal check # _____	<input type="checkbox"/> Troop check # _____	<input type="checkbox"/> Financial Aid <input type="checkbox"/> Cookie bucks