



girl scouts
of eastern iowa
and western illinois



What
did you do
today?

Aplington Girl Scout Open House

**Come find out what Girl Scouts is all about!
Parent s must attend**

Date: Thursday, September 16, 2010
Time: 7:00PM-8:00PM
Location: Aplington Comm. Center attached to Library
Grades: All girls K-12th grade
Fee: \$12.00 for annual Girl Scout '10-'11 membership
To Register: Fill out the back of this flyer and attend!
Contact: Nicole Liebau 319-232-6601 or



Event Registration for Individuals 5/10

Return the completed registration to your Girl Scout council with the full amount due. Grants are available. Girls and adults listed must be current members; new members may use a council membership registration form to register for Girl Scouts and an event. For troops/groups, use the Event Registration for Groups.

Girl Registrant Information: First Name _____ Middle Initial _____ Last Name _____
Address _____ Apt Lot PO Box Number _____ Zip Code _____
City _____ State _____ County _____ Troop/Group Number _____
Girl Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Email _____
Full Name of School _____ City _____ State _____ Current Grade _____
Special Needs (allergies, physical or dietary restrictions, medications, etc.) _____

1. Event Name _____ Event Date ____/____/____ City _____ State _____
Additional Notes (T-shirt size, breakout sessions, bus stop, etc.) _____
Buddy Name _____

2. Event Name _____ Event Date ____/____/____ City _____ State _____
Additional Notes (T-shirt size, breakout sessions, bus stop, etc.) _____
Buddy Name _____

3. Event Name _____ Event Date ____/____/____ City _____ State _____
Additional Notes (T-shirt size, breakout sessions, bus stop, etc.) _____

Adult Registrant Information: First Name _____ Middle Initial _____ Last Name _____
Address _____ Apt Lot PO Box Number _____ Zip Code _____
City _____ State _____ County _____ Gender: Female Male
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Email _____
Special Needs (allergies, physical or dietary restrictions, medications, etc.) _____

1. Event Name _____ Event Date ____/____/____ City _____ State _____
Additional Notes (T-shirt size, breakout sessions, bus stop, etc.) _____

2. Event Name _____ Event Date ____/____/____ City _____ State _____
Additional Notes (T-shirt size, breakout sessions, bus stop, etc.) _____

3. Event Name _____ Event Date ____/____/____ City _____ State _____
Additional Notes (T-shirt size, breakout sessions, bus stop, etc.) _____

Payment Information: Adult Fees \$ _____ + Girl Fees \$ _____ + Optional Fees (T-shirt, patch, etc.) \$ _____ = Total Due \$ _____
 Credit Card # _____ Exp. Date ____/____/____ CVV# _____ Signature _____
 Check/money order attached. Cookie Program Credit/Camp Credit/Juliette Bucks attached. Grants for Girls form(s) attached.

By submitting this registration form and payment, I acknowledge that I have read, understand, and will abide by the council's policies and procedures regarding events, including those listed in the Event Registration Information. I give permission for the registrant to attend and participate in all phases of activities (except those noted above) including off-site travel when it is part of the program. I understand that when participating in Girl Scout activities, the registrant(s) may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout council or Girl Scouts of the USA. I acknowledge that these images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

The registrant is in good physical health, has not had any serious illnesses or operations since her/his last health examination, and has received all necessary immunizations and vaccinations. In the event of an emergency that the parent(s)/guardian(s) and/or emergency contact cannot be reached, the adult in charge of the event has my permission to take the registrant to a medical facility and seek necessary medical treatment. I understand that if a registrant is found using tobacco, drugs, or alcohol or is behaving in a manner which is dangerous to herself/himself or event participants, she/he will be sent home at her/his family's expense; a refund will not be given for any part of the program missed.

Signature of Parent/Guardian or Adult Registrant

_____/____/____
Date