



Girl Scouts

Girl Scouts, Hornets' Nest Council
7007 Idlewild Road • Charlotte, NC 28212
704-731-6500, Outside Mecklenburg 800-868-0528
Website: www.hngirlscouts.org



Older Girl (Cad/Sr/Ambassador, Grades 6-12) Training Registration Form

Please refer to Older Girl Trainings (or to any combined Girl/Adult Trainings) in the FYI or GO magazine

- ◆ The troop leader may complete this form, listing each girl's contact information, or the girl can complete the form and register individually (but should also complete the troop leader information).
- ◆ Three (3) or more girls from the same troop are required to have a troop leader present.
- ◆ If there is not enough room to list all participants, please list names and complete information on the back of this page.
- ◆ Complete and return with full payment by registration deadline to: **Program Registrar, GSHNC, 7007 Idlewild Rd. Charlotte, NC 28212**

Course: _____ Location: _____

Course Date: _____ Fee: _____

Leader Information

Troop Leader/CoLeader/Assistant Leader Name:	Special Needs:
Troop Number:	Service Unit:
Contact Phone Numbers:	Email Address:
Street Address:	City, State, Zip:
Emergency Contact Name	Emergency Contact Numbers:
Please check one: <input type="checkbox"/> The leader above is registering as a participant in this training. <input type="checkbox"/> The leader above is not participating in this training, but will be present with the girls <input type="checkbox"/> There are less than 3 girls, and no leader will be present at this training.	

Additional Adults Participants (that are registered with this troop)

Name:	Email:
Street Address:	City, State, Zip:
Contact Phone Numbers:	Special needs:

Girl Participants

Girl Name:	Grade Level, Troop & Service Unit:
Street Address:	City, State, Zip:
Contact Phone Numbers:	Special Needs:
Emergency Contact Name/Relationship:	Emergency Contact Phone Numbers:

Girl Name:	Grade Level, Troop & Service Unit:
Street Address:	City, State, Zip:
Contact Phone Numbers:	Special Needs:
Emergency Contact Name/Relationship:	Emergency Contact Phone Numbers:

Number of Adult **Participants** _____ @ \$ _____ = \$ _____
 Number of Girl Participants _____ @ \$ _____ = \$ _____
TOTAL AMOUNT DUE WITH REGISTRATION = \$ _____

If applying for financial assistance, please attach Girl Financial Assistance Request form (FS-6.)

Cancellation Policy: Requests for refunds must be received in writing no later than 5 weeks prior to the event. Refunds are subject to a 25% processing charge. If a program is cancelled by GSHNC, a complete refund will be given.