

A Council Region: Central East North Southwest Svc. Unit # Troop/Grp #: New Re-registration Addition

Girl Scout Level: Daisy Brownie Junior Cadette Senior Ambassador Juliette Series Pathway Event Pathway



B GIRLS' FULL NAMES	GSUSA Fee	FPC Donation	Cr Card V/MC/D	Cr Card AMEX	GSGLA Gift Card	Financial Aid (FA)	Racial Code
1	0						
2	0						
3	0						
4	0						
5	0						
6	0						
7	0						
8	0						
9	0						
10	0						
11	0						
12	0						
13	0						
14	0						
15	0						
16	0						
17	0						
18	0						

RACIAL CODES

A = Asian AA = African American
 AM = Am. Indian AN = Alaskan Native
 C = Caucasian H = Hawaiian or Pacific Islander
 O = Other Add a slash then "H" (/H) if Hispanic

D MEETING PLACE

1 Public Facility 5 Other organization's facility
 2 Home 6 Council Facility
 3 School 7 Other
 4 Religious Building

Day: _____ Time: _____
 Frequency of meeting: _____
 Name of meeting place: _____
 Address: _____
 City: _____ Zip: _____

For additional names, please complete and attach additional form(s)

ADULTS' FULL NAMES	GSUSA Fee	FPC Donation	Cr Card V/MC/D	Cr Card AMEX	GSGLA Gift Card	Financial Aid (FA)	Racial Code
1	0						
2	0						
3	0						
4	0						
5	0						
6	0						
7	0						

E TROOP LEADER INFORMATION
(primary contact)

Name: _____
 Address: _____
 City: _____ Zip: _____
 Email: _____
 Phone: _____
 Cell Phone: _____

*I authorize payment by ACH withdrawal OR by Troop Credit/Debit Card
 (A \$25 return fee will be charged
 for any ACH withdrawals that are declined)*

C TOTALS:

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Total ACH or Troop Debit Card)						\$0.00

Payment to be made by: ACH withdrawal (voided check attached) Troop Credit/Debit Card (complete below)

Troop Credit/Debit Card #: _____ Exp. Date: _____
 (Complete only if paying by Troop Credit/Debit Card) (Month/Year)

Name on card (please print): _____

Girl Scouts of Greater Los Angeles 801 S. Grand Ave., Ste 300, Los Angeles, CA 90017 (626) 677-2200 or 1-800-GSGLA 4 U
 www.girlscoutsLA.org

Troop Leader Signature _____ Date _____

Service Unit Registrar Signature _____ Date _____

Multiple Page Totals (For Office Use Only)

GSUSA Fee	FPC Donation	CC V/MC/D	CC AMX	Gift Card	Financial Aid (FA)
Total Girls			Total Adults		