



GIRL REGISTRATION

through 9/30/.....

Return your registration with the \$12 annual membership dues to your Leader/Advisor or mail to: **Girl Scouts Nassau County, Inc. (GSNC)**
110 Ring Road West
Garden City, NY 11530-3296
GSUSA Membership Dues are not refundable or transferable to another person.
Check one: Re-registering New Registration

Troop # _____

Individual

Girl Scouts offers more choices than ever! Which ones are you interested in? Check all that apply. (Placement is based on grade level and availability.)

Camp: Experience the great outdoors at overnight or day camp.

Events: Attend events centered on topics that interest you most.

Series: Explore your interests in a series of activities without committing to a full year.

Travel: Travel across town, throughout the country, or around the world.

Girl's First Name **Middle** **Last**

Address **Apartment Number**

City **State** **Zip**

Email (If girl age 13 and up, otherwise use parent/custodial email address) **Telephone Number**

Date of Birth **Grade in School** **School Name**

Number of years in Girl Scouts

She is under the care of: (check one)
 both parents mother/guardian only father/guardian only other (specify _____)

I would like to contribute to the FAMILY PARTNERSHIP (please check one)

\$250 \$200 \$150 \$100 \$75 \$50 \$40 Other \$ _____

Thanks for going the "extra mile." Whatever you can give will be appreciated.

My check is attached Credit card # _____ Exp. Date _____

Signature (Cardholder name)

I understand that my voluntary, tax-deductible gift will help support girls locally and will remain at GSNC. (Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)

The Girl Scout Promise

On my honor, I will try:
To serve God and my country,
To help people at all times,
And to live by the Girl Scout Law.

The Girl Scout Law

I will do my best to be:
honest and fair,
friendly and helpful,
considerate and caring,
courageous and strong, and
responsible for what I say and do,
and to
respect myself and others,
respect authority,
use resources wisely,
make the world a better place, and
be a sister to every Girl Scout.

Mother/Guardian's: First Name **Middle** **Last**

Employer **Occupation**

Email **Business Phone Number**

Father/Guardian's: First Name **Middle** **Last**

Employer **Occupation**

Email **Business Phone Number**

Emergency Contact: First Name **Last**

Phone number (day) **Phone Number (evening)**

We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is: (check all that apply) American Indian or Alaskan Native Asian
 Black or African American Hawaiian or Pacific Islander White Other (specify _____)

The Registrant's ethnic background is: Hispanic or Latina Not Hispanic or Latina

We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has our permission to join Girl Scouts. We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.

Signature of Parent/Guardian **Date** **Signature Parent/Guardian** **Date**

For Volunteer or Office Use Only

Volunteer, please check if applicable:

VS Category #1
VS Category #2
Council Code _____
Troop Number _____
Service Unit _____
Registration Area _____