



## Girl Scouts of Broward County, Inc. Training Course Registration Form

Please complete all information, include level training or registration fee, if applicable, (make checks payable to Girl Scouts of Broward County, Inc.) Mail completed registration forms to Girl Scouts of Broward County, Inc., Attn Registrar II, 4701 NW 33 Ave, Oakland Park FL 33309.

Please register me for \_\_\_\_\_

	Name of course	date	location
Name _____		day _____	
Address _____		evening phone _____	
Street address	apt #		
_____		Email _____	
City	zip		

Girl Scout Title \_\_\_\_\_ New Leader: **Y N** - Troop/group # \_\_\_\_\_ Age level \_\_\_\_\_

Racial/Ethnic information: Native American/Alaskan \_\_\_ Asian or Pacific Islander \_\_\_ Black \_\_\_ White \_\_\_ other \_\_\_  
 Also of Spanish/Hispanic Origin \_\_\_ Disabled \_\_\_ note we will do our best to accommodate special needs \_\_\_\_\_

Date of Basic Leadership Training \_\_\_\_\_ Prerequisite training (see course description) \_\_\_\_\_

Service Unit \_\_\_\_\_

	Level training fee	or Program Fee	Total
_____	_____	_____	_____

**Office use**  
 Receipt # \_\_\_\_\_ Amt \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Confirmation will be mailed 7days prior to training.



## Girl Scouts of Broward County, Inc. Training Course Registration Form

Please complete all information, include level training or registration fee, if applicable, (make checks payable to Girl Scouts of Broward County, Inc.) Mail completed registration forms to Girl Scouts of Broward County, Inc., Attn Registrar II, 4701 NW 33 Ave, Oakland Park FL 33309.

Please register me for \_\_\_\_\_

	Name of course	date	location
Name _____		day _____	
Address _____		evening phone _____	
Street address	apt #		
_____		Email _____	
City	zip		

Girl Scout Title \_\_\_\_\_ New Leader: **Y N** - Troop/group # \_\_\_\_\_ Age level \_\_\_\_\_

Racial/Ethnic information: Native American/Alaskan \_\_\_ Asian or Pacific Islander \_\_\_ Black \_\_\_ White \_\_\_ other \_\_\_  
 Also of Spanish/Hispanic Origin \_\_\_ Disabled \_\_\_ note we will do our best to accommodate special needs \_\_\_\_\_

Date of Basic Leadership Training \_\_\_\_\_ Prerequisite training (see course description) \_\_\_\_\_

Service Unit \_\_\_\_\_

	Level training fee	or Program Fee	Total
_____	_____	_____	_____

**Office use**  
 Receipt # \_\_\_\_\_ Amt \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Confirmation will be mailed 7 days prior to training.