



**Girl Scouts of the Chesapeake Bay Council, Inc.**  
 501 South College Avenue • Newark, Delaware 19713-1301  
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# Event Registration

Please print clearly or type, then mail or fax to Council  
 OR call/email: Event Registrar at (302) 456-7182

Event date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Event name: \_\_\_\_\_  
 First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 # Girls: \_\_\_\_\_ x fee \$ \_\_\_\_\_ = Total due: \$ \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_  
 # Adults: \_\_\_\_\_ x fee \$ \_\_\_\_\_ = Total due: \$ \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_  
 # Non-members: \_\_\_\_\_ x fee \$ \_\_\_\_\_ = Total due: \$ \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_  
**Grand total due \$ \_\_\_\_\_ Total enclosed \$ \_\_\_\_\_**

Indicate payment type:  Check  American Express  Visa  Master Card  Discover  
 Check details:  
 Name on check: \_\_\_\_\_ Check # \_\_\_\_\_ Mailed: \_\_\_\_\_  
 Credit card information:  
 Name on card: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Does anyone in your Troop have any special needs such as mental, physical, dietary, etc.? Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate the number of participants in each grade:  
 Pre-K: \_\_\_ K: \_\_\_ 1: \_\_\_ 2: \_\_\_ 3: \_\_\_ 4: \_\_\_ 5: \_\_\_ 6: \_\_\_ 7: \_\_\_ 8: \_\_\_ 9: \_\_\_ 10: \_\_\_ 11: \_\_\_ 12: \_\_\_

Please indicate the number of participants of each racial/ethnic origin:  
 African American: \_\_\_ Asian \_\_\_ Caucasian: \_\_\_ Hispanic: \_\_\_ Native American: \_\_\_

**Girl Adult Ratio for Events**

- Two adults for every:
- 5 Daisy Girl Scouts for each 3 additional Daisies, one additional adult is required.
- 12 Brownie Girl Scouts for each 6 additional Brownies, one additional adult is required.
- 16 Junior Girl Scouts for each 8 additional Juniors, one additional adult is required.
- 20 Cadette Girl Scouts for each 10 additional Cadettes, one additional adult is required.
- 24 Senior Girl Scouts for each 12 additional Seniors, one additional adult is required.
- 24 Ambassador Girl Scouts for each 12 additional Ambassadors, one additional adult is required.

**Girls Attending**

Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_  Member  Non-member Grade: \_\_\_\_\_

**Adults Attending**

Name: \_\_\_\_\_  Member  Non-member  
 Name: \_\_\_\_\_  Member  Non-member  
 Name: \_\_\_\_\_  Member  Non-member  
 Name: \_\_\_\_\_  Member  Non-member  
 Name: \_\_\_\_\_  Member  Non-member

**Troop Event Grant/Loan Application**

Allocation of grants/loans will be based on: 1) availability of funding; 2) evidence of realistic Troop budget, in which Council Aid was not anticipated (*must be attached*); 3) Troop participation in QSP and Cookie Program. A reasonable portion of the expenses must be assumed by the Troop.  
 Amount requested: \$ \_\_\_\_\_  Grant  Loan  
 Has Troop participated in QSP this school year?  Yes  No  
 Has Troop participated in Cookie Program this year?  Yes  No  
 Has Troop or individuals in this Troop received financial aid within the past two years?  Yes  No  
 If yes, state events: \_\_\_\_\_ Amounts: \$ \_\_\_\_\_  
 Total income \$ \_\_\_\_\_ = Troop contribution \$ \_\_\_\_\_ + each participant \$ \_\_\_\_\_  
 Total expenses \$ \_\_\_\_\_ = Admissions \$ \_\_\_\_\_ + transportation \$ \_\_\_\_\_ + food \$ \_\_\_\_\_

**Accounting/Office Use Only**

Date rec'd: \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Grant/loan amount awarded \$ \_\_\_\_\_

