

GIRL REGISTRATION

giri scouts		To help people at all times, And to live by the Girl Scout Law.
Please return your registration with the \$12 annual membership dues		71 0:10 11
Check one: Reregistering – GSUSA ID Number (if known)		I will do my best to be:
Girl's Legal Name: First Middle		honest and fair, friendly and helpful, considerate and caring,
		considerate and Caring, courageous and strong, and responsible for what I say and do,
	Apartment Number	and to
City	State Zip Code	respect myself and others, respect authority, use resources wisely,
Telephone Number (Home)— <i>Please Include Area Code</i>	Cell Phone— <i>Please Include Area Code</i>	make the world a better place, and be a sister to every Girl Scout
Date of Birth	Preferred family e-mail address	ATTN: PARENTS
School Name	Grade in School Number of years in Girl Scouts	United Way and other funders
She is in the custodial care of (please check one): \square Both parents \square Mother/ n	guardian only 🗖 Father/guardian only 🗖 Other (specify)	require information on the
		incomes of the families we serve. We hope you can help by
Mother/Guardian's Name: First Middle	Last	providing this information. In what category does your annual
Address (if different than girl)	Apartment Number	household income fall?
City	State Zip Code	☐ Under \$22,000 ☐ \$22,000-44,000
Employer	Job Title	\$44,001-75,000
Telephone Number (Work)— <i>Please Include Area Code</i>	Cell Phone— <i>Please Include Area Code</i>	Over \$75,000
Telephone Number (Home)— <i>Please Include Area Code</i>	E-mail Address	Number in household:
		Financial Assistance
Father/Guardian's Name: First Middle	Last	Financial barriers should not prevent girls or adults from participating in Gir
Address (if different than girl)	Apartment Number	Scouting. Limited funding is available cover all or part of the national
City	State Zip Code	membership fee of \$12.
Employer	Job Title	Please assist with my membership fee
Telephone Number (Work)— <i>Please Include Area Code</i>	Cell Phone— <i>Please Include Area Code</i>	in the amount of \$
		Parent Initials
Telephone Number (Home)— <i>Please Include Area Code</i>	E-mail Address	Area Registrar Only # Of
Francisco Contrata Namo, First Middle	Loot	Checks\$
Emergency Contact's Name: First Middle	Last	#Of CC\$
Phone No. (day)— <i>Please Include Area Code</i> Phone No. (eve)— <i>Please Include Area Code</i>	de E-mail Address	Cash \$
We encourage you to voluntarily provide the following information on racial bar to help improve outreach efforts and advance the Girl Scout Movement.	ckground and ethnicity. This information will be used by Girl Scouts of the USA	Financial Assistance \$
The registrant's racial background is (please check as many as apply):	rican Indian or Alaskan Native 🔲 Asian	
☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ White ☐ The registrant's ethnic background is (please check one): ☐ Hispanic or L	Other (specify) atina Not Hispanic or Latina	Grand Total \$
In addition to my \$12 registration that		Registration Paid \$
I would like to make a tax-deductible donation		Annual Fund* \$
\$1,000—Juliette Low Society \$500—Friendship Circle \$ Gifts of \$125 and above will be recogn		Financial Assistance \$
Check My check for \$is enclosed. Make check	ks payable to Girl Scouts of Greater Atlanta, Inc.	Total Enclosed \$
Credit Card ☐ Visa ☐ MasterCard ☐ American Express ☐ D	iscover 🖵 Total Charged \$	*Please contact your employer
Account#	Exp. Date	about a matching gift program.
Signature	Name on Card	Troop Number
We acknowledge that the registrant will make the Girl Scout Promise and accelunderstand that when participating in Girl Scout activities the registrant may be images may be used in promotional materials, news releases, and other publish acknowledge that the images will be the sole property of either the local Girl Sc	e photographed for print, video, or electronic imaging. We understand that the led formats for either the local Girl Scout councils or Girl Scouts of the USA. We	
Signature of Parent/Guardian Date	Signature of Parent/Guardian Date	Registration Area

Area Registra	Offig
# Of Checks	\$
#Of CC	\$
Cash Financial	\$
Assistance	\$
Grand Total	\$

Annual Fund*	\$	
Financial Assistance	\$	
Total Enclosed	\$	
*Please contact your employer about a matching gift program.		

Troop Number
Report Code (Service Unit)
(
Registration Area