



GIRL SCOUT PROGRAM REGISTRATION FORM

Please send this form with payment to:
The Susan B. Anthony House, 17 Madison Street, Rochester, NY 14608
Or call 585-235-6124 ext. 19 for reservations

Individual Registration

Name _____
Phone _____ E-mail _____
Address _____
City _____ State _____ Zip _____

Program Name: _____
Program Date and Time: _____
Troop No. and Service Unit: _____

Troop Registration

Name of Troop Leader _____
Phone _____ E-mail _____
Address _____
City _____ State _____ Zip _____

Program Name: _____
Program Date and Time: _____
Troop No. and Service Unit: _____
Number of Girl Scouts attending: _____
Age Range and Level of Girl Scouts: _____
Number of Accompanying Adults: _____

Today's Date: _____

Payment: _____ No. Attending x _____ Program Fee/person = Total Due\$ _____

A 50% non-refundable deposit is required.

Check # _____

Charge Type _____

Charge # _____ Expiration date: _____

Total Amount Enclosed: \$ _____

<http://www.susanbanthonyhouse.org>