

GIRL SCOUTS OF WASHINGTON ROCK COUNCIL, INC.
PROGRAM APPLICATION
 (USE ONE APPLICATION PER EVENT)

Troop No. _____ Service Unit _____ Level _____ Leader _____

Address _____ Town _____ Zip _____

Phone (daytime) _____ (evening) _____

Title of Event: _____ **Date** _____

ATTENDANCE:

of girls attending _____ X girl fee \$ _____ = \$ _____

of adults attending _____ X adult fee \$ _____ = \$ _____

GRAND TOTAL ENCLOSED \$ _____

**Race and disability information is requested to measure progress toward serving ALL girls. Please list number attending.

RACE:

Alaskan/Native Amer. Black White Asian/Pacific Islander Hispanic/Spanish

GIRLS: _____ _____ _____ _____ _____

ADULTS: _____ _____ _____ _____ _____

DISABILITIES:

Mental _____ Hearing _____ Learning _____ Physical _____ Visual _____

Does anyone attending need special accommodations? Please specify, or contact the Service Center.

Number of girls attending from each grade level:

K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____

Please PRINT names of all who are attending. Use other side if necessary.

ADULT _____

ADULT _____

GIRLS:

1. _____

9. _____

2. _____

10. _____

3. _____

11. _____

4. _____

12. _____

5. _____

13. _____

6. _____

14. _____

7. _____

15. _____

8. _____

16. _____

Additional forms are available through the service team in your Girl Scout Service Unit or at the Council Service Center.

Please return this form with **payment in full** to:

For further information please call:

Girl Scouts of Washington Rock Council, Inc.
201 Grove Street East, Westfield, NJ 07090-1656

(908) 232-3236