



For Office Use Only
Paid _____
Receipt # _____
Date _____

Training.....

Registration Form

Return form to:

Girl Scouts of Eastern South Carolina 7951 Dorchester Road, N. Charleston, SC 29418
 Attention, Adult Development Specialist. Fax # 843-552-6221.

If you have any questions call Adult Development Specialist, at 843-552-9910, Ext. 222 or 1-800-868-9911, Ext. 222.

Deadline is one week prior to any training unless otherwise stated in the *Training section of your Leaders Notebook*. You **must** register before the class. Trainers will only prepare materials for those who have registered. *Please use a separate form for each training you are registering for.*

Please Print Legibly:

Service Area _____ Troop # _____ Program Level: D B J C S A (circle one)

Course Name: _____ Course Date: _____

Course Time: _____ Location _____

Course Fee : _____ (if applicable)

Name _____ Day Phone _____

Address _____ Evening Phone _____

City/State/Zip _____

E-Mail _____

Payment information:

Cash: _____ Check number _____

Credit Card (Please circle one): Visa MasterCard

Card Number _____ CVV/CVC Code (3-4 digit code on back of card) _____

Expiration Date: _____ Signature _____