



For Office Use Only
Paid _____
Receipt # _____
Date _____

Training.....

Registration Form

Return form to:

Girl Scouts of Eastern South Carolina, Attention: Adult Development Specialist, North Charleston Service Center, 7257 Cross County Road, North Charleston, SC 29418. 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 *Program and Training Book*. You **must** register before the class. Trainers will only prepare materials for those who have registered.

Please Print Legibly:

Service Area _____ Troop # _____ Program Level: D B J C S (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 _____