

RETURN TO: GIRL SCOUTS OF SUFFOLK COUNTY , 442 MORELAND ROAD, COMMACK, NY 11725 • YOU MUST SIGN WHERE INDICATED AT BOTTOM OF FORM.

GIRL'S NAME _____ DOB ____ / ____ / ____ AGE ____ GRADE ____ SCHOOL _____

PARENT'S NAME _____ HOME PHONE _____ CELL/BUS.PHONE _____

ADDRESS _____ TOWN _____ ZIP _____

EMAIL _____ TROOP # _____ FAN CLUB # _____

Due to limited space, please select 1st and 2nd choice for days and times where available:

1st Program: Program Facility _____

1st Choice of Day _____ Time _____

2nd Choice of Day _____ Time _____

2nd Program: Program Facility _____

1st Choice of Day _____ Time _____

2nd Choice of Day _____ Time _____

3rd Program: Program Facility _____

1st Choice of Day _____ Time _____

2nd Choice of Day _____ Time _____

Payment: ___ Check Enclosed ___ Charge My Credit Card

Card # _____

Exp: ____ / ____ Signature _____

Payment Amt.: \$ _____

Please understand that NO refunds will be issued after program begins.

My daughter has my permission to participate in the Beyond the Rainbow program offered through Girl Scouts of Suffolk County. She is in good physical condition and has not had any serious illness or operations since her last health examination within the last 12 months (i.e. allergies, chronic illness or injuries past or present).

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Indicate any special circumstances your daughter might have and be sure to inform her instructor as well: _____