



Adult Fee Registration Form (AF)

Please register me for: _____
Name of Course

_____ Date of course Location

Your current position: _____ Service Unit: _____

New leader: Yes No Troop #: _____ Age Level _____

List Leadership training dates:

Introduction to Girl Scouts: _____ Other Prerequisites: _____
Girl Scouts Basics: _____ Other Prerequisites _____
Age Level training: _____ Other Prerequisites: _____

Method of payment: Visa Mastercard Discover Check Other Enclosed \$ _____

Full Name _____

Full Address _____
Street City State Zip

Email Address _____ Phone _____

Racial/Ethnic information:

American Indian/Alaskan Native ___ Asian ___ Black/African American ___
Hawaiian/Pacific Islander ___ White ___ Hispanic ___ Other ___ Disabled ___

We will do our best to accommodate special needs: _____

If paying by credit card, the information below MUST BE INCLUDED:

ACCOUNT #: _____ - _____ - _____ - _____ EXP. DATE _____
(fill in all digits shown on your credit card) M M Y Y

Name as it appears on credit card: (Print) _____

Card holder billing address as listed with credit card company:

(street address, city, state and zip code)

Signature (required on credit card orders) _____

Please mail or fax registration form to:
Girl Scouts of Citrus Council
341 N. Mills Ave, Orlando, Fl. 32803
FAX: 407-894-0966

You will receive your confirmation within 7 days prior to training.

Pre-registration is required for all courses.

Walk-ins are discouraged. Directions to training sites can be accessed at this website:
www.mapquest.com