2011 Challenge Course Registration Form

IMPORTANT: Dates are based upon availability; participants should check availability before registering by contacting the Champaign Service Center at 800-328-5112 . **Mail or fax registration with payment information to Girl Scouts of Central Illinois, Champaign Service Center,701 Devonshire, Suite B16, Champaign, IL 61820.** Additional information will be mailed or emailed to the adult in charge with confirmation of registration.

Troop/Group Information

Leader/ Adult in Charge _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

County _____ Daytime Phone #_____ Home Phone # _____

Troop # _____ Age Level of Girls - **Must be 5th grade or older** (Please circle all that apply) JR CA SR AM

Choice	Low or High Ropes Course	Location/ Camp	Date	Fee
1st Choice				
2nd Choice				

Please note: Adult ratio must be 1 adult for every 3 girls

What are your troop goals for the course? ___ Communication ___ Team Building ___ Group Dynamics ___ Other

Has your group participated in a low ropes course previously? _____ Yes _____ No

Name of Adult or Girl	Address/City/Zip Code	Phone #	Cookie Dough #

Each person must complete a Release of Liability Waiver and Health History Form in order to participate.
If additional information is needed please list next to each person's name.

Fees

Fee per girl _____ x _____ # of Girls $ _____
Fee per adult _____ x _____ # of Adults $ _____
Total amount fees $ _____
Cookie Dough Amount $ _____

Balance Due: $ _____

Charge Card Information

☐ Master Card or ☐ Visa Card # _____ Expiration Date _____

Print Name on Card _____ Signature of Card Holder _____ Date _____