



## ENRICHMENT WORKSHOPS REQUEST FORM

Would you like to learn more about working with girls or get ideas for enriching your troop meetings? Enrichment workshops are available to help meet those needs. Get your Girl Scout friends together or request an enrichment workshop as a Service Area event. A list of available workshops is below. Check off the topic(s) that you are interested in; complete the rest of this form and send in, along with related fees, to the address below.

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|---|---|
| <input type="checkbox"/> Advanced Outdoor Cooking (2 hours) \$10                          | <input type="checkbox"/> SWAPS (30 minutes) \$3           |
| <input type="checkbox"/> Bridging Ideas (30 minutes)                                      | <input type="checkbox"/> Recycled Crafts (30 minutes) \$3 |
| <input type="checkbox"/> Ceremonies (1 hour)  | <input type="checkbox"/> Nature Crafts (30 minutes) \$3   |
| <input type="checkbox"/> Girl Scout Traditions (15 – 30 minutes)                          | <input type="checkbox"/> Hikes (30 minutes)               |
| <input type="checkbox"/> 2 Hour Helping Hand - Increase Parental Involvement (15 minutes) | <input type="checkbox"/> Box Ovens (1 hour) \$3           |
| <input type="checkbox"/> Songs and Games (30 – 90 minutes)                                |   |

To request a workshop, you must provide a list of a minimum of 5 participants and their names/addresses/phone/email and applicable fees. You must also provide the site information requested below and at least 2 dates. Please allow at least 4 weeks to arrange for the workshop. Upon receipt of this form, facilitators will be contacted and the coordinator listed below will be contacted. You may mail, fax, or email this form to:

Girl Scouts of Central Illinois  
 ATTN: Volunteer Development Specialist  
 1103 W. Lake Ave., Peoria, IL 61614  
 309-688-7358 (F)  
[clahart@girlscouts-gsci.org](mailto:clahart@girlscouts-gsci.org)

Coordinator Name	address	phone	email	SA#
Training course requested _____				
Training dates requested (1) _____ (2) _____				
Training time requested _____				
Training site address/phone _____				

NAME	ADDRESS	PHONE	EMAIL

Department: Volunteer Development	Approved by: Director of Membership Services
To Be Reviewed: June	Last Reviewed: June 2011
Last Revised: June 2011	Revision Number: 1