



Girl Scouts

ADULT WORKSHOP REGISTRATION

If you have an email address, please register **ON-LINE** at www.mbgsc.org
or download a form at www.mbgsc.org in the Adult section or use this form and return by mail, fax or hand delivery to:

Volunteer Development Director

IDENTIFICATION

Registrations will NOT be accepted by phone.

Troop # _____ Service Unit _____ Level _____

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone () _____ Evening Phone () _____

E-Mail _____ Volunteer Position _____

Restrictions or Special Needs _____

Racial/Ethnic Origin: This information will be used for monitoring purposes only. You are not required to respond.

___ Am. Indian or Alaskan Native ___ Asian or Pac. Islander ___ Black ___ White ___ Other ___ Also of Spanish/Hispanic origin

| WORKSHOP COURSE | COURSE # | LOCATION | DATE / TIME | COURSE FEE* |
|-----------------|----------|----------|-------------|-------------|
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**If applicable.*

TOTAL

\$

SUBMIT TO



Girl Scouts

**VICE PRESIDENT OF MEMBER SERVICES
Girl Scouts of Moccasin Bend Council**

P.O. Box 15969 (1936 Dayton Blvd.)

Chattanooga, TN 37415-0969

423 877 2688 • 800 446 2472

F 423 877 5587 • Email pormond@mbgsc.org

**KEEP A COPY FOR YOUR INFORMATION & FILE
MAKE ADDITIONAL COPIES IF NEEDED**

PAYMENT INFORMATION

Cash (Do not send cash through the mail)

Check/M.O. (Made payable to GSMBC)

Credit Card (Minimum of \$5 to charge payment by credit card)

Expiration Date _____ Visa MC Discover

Card # _____

Name on Card _____

Signature _____

Office Use Only: Cash Check/MO Credit Card

Amt. Paid \$ _____

Date _____ Receipt # _____