

Return your registration with the \$10 annual membership dues to your leader/adviser or mail to your Girl Scout council.

 Check one:  Reregistering GSUSA ID Number (if known) .....  New Registration (first time registering)

Girl's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_ School Name \_\_\_\_\_  
 Number of years in Girl Scouts \_\_\_\_\_  
 She is under the custodial care of: (check one)  
 both parents  mother/guardian only  father/guardian only  other (specify ..... )

Mother/Guardian's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address (if different than girl) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Phone Number (day) \_\_\_\_\_ Phone Number (evening) \_\_\_\_\_

Father/Guardian's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address (if different than girl) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Phone Number (day) \_\_\_\_\_ Phone Number (evening) \_\_\_\_\_

Emergency Contact's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Phone Number (day) \_\_\_\_\_ Phone Number (evening) \_\_\_\_\_

We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has our permission to join Girl Scouts. We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout councils or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

We encourage you voluntarily to provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is: (please check as many as apply)  American Indian or Alaskan Native  Asian  
 Black or African American  Hawaiian or Pacific Islander  White  Other (specify ..... )  
 The registrant's ethnic background is: (please check one)  Hispanic or Latina  Not Hispanic or Latina

I would like to contribute: (please check one)  \$250  \$200  \$150  \$100  \$75  
 \$50  \$25  Other \$ .....  
 My check is attached.  Credit card # ..... Exp. date .....  
 Signature (Cardholder name) \_\_\_\_\_

I understand that my voluntary, tax-deductible gift will help to support girls locally and will remain in the local council. (Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)

### The Girl Scout Promise

On my honor, I will try:  
 To serve God and my country,  
 To help people at all times,  
 And to live by the Girl Scout Law.

### The Girl Scout Law

I will do my best to be:  
 honest and fair,  
 friendly and helpful,  
 considerate and caring,  
 courageous and strong, and  
 responsible for what I say and do,  
 and to  
 respect myself and others,  
 respect authority,  
 use resources wisely,  
 make the world a better place, and  
 be a sister to every Girl Scout.

### For Leaders/Advisers or Office Use Only

Leaders/Advisers, please check if applicable:  
 VS Category #1   
 VS Category #2   
 Council Code .....  
 Troop Number .....  
 Report Code (Service Unit) .....  
 Registration Area .....