



Job Shadow Registration Form

OFFICE USE
Postmark/
Delivery Date _____

Return with payment to: Girl Scouts of Northern Illinois OR Register online at
 Elgin Service Center www.girlscoutsni.org
 12N124 Coombs Road, Elgin, IL 60124

PLEASE PRINT

PROGRAM INFORMATION			GIRL INFORMATION		ADULT INFORMATION		PAYMENT
Name of Program Event/Workshop	Code	Date/Time	Number of Girls	Fee per Girl	Number of Adults	Fee per Adult	Total
<i>Job Shadow</i>		<i>2/20/2012</i>		<i>0</i>		<i>0</i>	<i>0</i>

REGISTRATION:

NOTE: Unless otherwise specified:

- Troops/groups must meet proper girl/adult ratio
- Adults MUST register for the program. Check individual program descriptions to determine if there is an adult fee.

Adult Contact _____ E-mail _____
 Address _____ City/Zip _____
 Home Phone _____ Alternative Phone _____
 Troop/Group No. _____ OR _____ Individually Registered Girl Scout

Girl Participant Names	Grade	Adult Chaperone Names	Current First Aid
1. _____	_____	_____	Y/N
2. _____	_____	_____	Y/N
3. _____	_____	_____	Y/N
4. _____	_____	_____	Y/N
5. _____	_____	_____	Y/N
6. _____	_____	_____	Y/N
7. _____	_____	_____	
8. _____	_____		
9. _____	_____		
10. _____	_____		

If additional space is needed to list girls and/or adults,
 please attach second sheet of paper.

Please indicate any special needs that those in attendance may have (diet, activity limitations, etc.):

Are you interested in bus transportation to/from this event? ____Yes ____No