GIRL SCOUTS OF WESTERN NEW YORK

ADULT TRAINING REGISTRATION FORM

REGISTRATION INFORMATION:

Name:			
Address:			
City:		State:	Zip:
Phone (home):	Phone (cell):	Phone (work):	
➔ Email (for electronic confirmation of this registration):			
Volunteer Position:		Age Level:	
Service Unit:		Troop / Group #:	

You must be a registered member of the Girl Scouts of Western New York to attend trainings.

I have completed the following pre-requisites on these dates: _____

PLEASE REGISTER ME FOR THE FOLLOWING COURSE(S).

Course #	Course Title	Date	Time(s)	Location	Registered	Confirmed

Total Fee (If applicable):				
I hereby authorize you to charge my:	☐ Visa	☐ MasterCard	☐ Discover	☐ AMEX
Account #:			Exp. Date:	
Card Holder's Name:		Signature:		

NEEDS ASSESSMENT - PLEASE COMPLETE THIS SECTION TO HELP US BETTER MEET YOUR TRAINING NEEDS.

1. What are your expectations of the above course(s)?
2. Do you have any needs, which require special accommodations during the training sessions?

Please remember that if a training requires a payment it is that training fee which reserves your space.

Remit this form with payment to: Girl Scouts of Western New York
Attn: Events Registrar * 1020 John Street, West Henrietta, NY 14586 * Phone 585-292-5160 or 1-800-333-0692 * Fax: 585-292-1086

Or email completed form to: Gale.Juntunen@gswny.org