

Training Registration Form

Please do not put multiple registrations on this form.

Troop # _____ Service Unit _____ Course Title _____

Course Date _____ Location of Course _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone (D) _____ (E) _____

E-Mail _____

Volunteer Position: Leader Co-Leader Service Unit Manager

TOC Troop Consultant Troop Organizer Other _____

Have you attended Introduction to Girl Scouting at River Bluffs Yes No

Course Fee Enclosed (if applicable) \$ _____

Please check any special needs you have (physical, dietary, etc.)

Speech Impairment Learning Disability Physical

Visual Impairment Hearing Other _____

Mail registrations to:

Western Trainings:

Program/Training Registrar, Girl Scouts of River Bluffs Council, #4 Ginger Creek Parkway,
Glen Carbon, IL 62034

Eastern Trainings:

Registrar, Girl Scouts of River Bluffs Council, 1207 Network Blvd., Suite 3C, Effingham, IL
62041

Make checks payable to Girl Scouts of River Bluffs Council (GSRBC), if applicable.

Credit Card Authorization Information:

Credit Card Type: MasterCard Visa Discover

Total Amount to be charged: \$ _____

Credit Card Number: _____ Expiration Date _____

Name on Credit Card _____

Authorized Signature _____ Date _____

Registraton that involves a fee may also be faxed to the Program/Training Registrar, only with credit card payment, to (618) 692-0685.