

# Adult Learning Registration Form

Girl Scouts of Southwest Texas | 811 North Coker Loop | San Antonio, TX 78216 | 210-349-2404/1-800-580-7247 ext. 391  
 West Side Girl Scout Leadership Center | 5622 W. César E Chávez Blvd. | San Antonio, TX 78237 | 210-319-5775  
 Please print clearly and use a separate form for each person registering for courses.

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
 Address \_\_\_\_\_ Cell \_\_\_\_\_  
 City/ZIP \_\_\_\_\_ Home \_\_\_\_\_  
 Email \_\_\_\_\_ Work \_\_\_\_\_

**(Print Legibly)**

Community \_\_\_\_\_ Troop # \_\_\_\_\_

Adult Group Grade Level *(please circle):* Daisy Brownie Junior Cadette Senior Ambassador Multi-Level  
 Girl Grade Level *(please circle):* Cadette Senior Ambassador (Note: Adult learning courses are for girls of these grade levels only.)

## ADULT LEARNING COURSE INFORMATION

Course/Learning Event	Date	Time	Location	Fee (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Fees Enclosed** \_\_\_\_\_

Are there special needs (language, dietary, accessibility, etc.) Which we should be aware of to increase your enjoyment of this event?  Yes  No If Yes, please state accommodation needed: \_\_\_\_\_

Is financial assistance needed for an adult to attend a CPR/First Aid or TCL course?  Yes  No

I understand that it is my responsibility to notify the Customer Care Center if I need to cancel or reschedule. Cancellation must be made prior to two business days before the course or fees may not be refunded. I also understand that I am responsible for all information and/or forms in the confirmation packet sent to me.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION (if applicable)

METHOD OF PAYMENT CASH \$ \_\_\_\_\_ CHECK AMOUNT # \_\_\_\_\_  
 Select one credit card  MasterCard  Visa  Discover

Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_ Security code \_\_\_\_\_  
(the 3 or 4 digit code on the back or front of your card)

Exp. Date: \_\_\_\_\_ ZIP: \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

Your signature above signified your agreement to allow GSSWT to charge \$ \_\_\_\_\_ to your credit card. You agree to pay this amount pursuant to the agreement you have with your credit card provider.

## Office Use Only

Received	Personify	Confirmed
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### Send Registration to:

GSSWT Customer Care Center  
 811 N Coker Loop  
 San Antonio, TX 78216  
 210-349-2404/1-800580-7247 ext. 391  
 210-349-2666 Fax  
 customercare@girlscouts-swtx.org