

Girl Scouts of Big Sky Council
P.O. Box 7128
Great Falls, MT 59406
453-2477 / 1-800-823-4475 / FAX: 454-1868
E-mail: girlscouts@bigskygirlscouts.org
Web Site: www.bigskygirlscouts.org

KALEIDOSCOPE EVENT REGISTRATION FORM FOR TROOPS

Please submit this form for all Kaleidoscope Events unless otherwise stated. The Kaleidoscope Event Registration Form for Troops needs to be in the council office by the deadline of the event in order to assure your troop's attendance at the event!

All girls attending a Kaleidoscope Event must travel to and from the event with her signed (Blue Card) "Activity Permission/Health History Card" (Form #535.00).

Event Name _____ **Event Town** _____ **Event Date** _____

Troop # _____ Age Level _____ Service Unit _____

Leader Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____

E-mail: _____

ADULTS ATTENDING: (list names)

1. _____ 2. _____

GIRLS ATTENDING: (list names)

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

TRANSPORTATION: Parent/Guardian driving own daughter to and from

ALL INFORMATION BELOW MUST BE COMPLETED:

Private car, how many _____

Other, list _____

Vehicle Description (make/year/color) _____

Name of Driver _____

Vehicle License # _____ Driver's License # _____

Insurance Company _____ Policy # _____

Vehicle Description (make/year/color) _____

Name of Driver _____

Vehicle License # _____ Driver's License # _____

Insurance Company _____ Policy # _____

EMERGENCY CONTACT: (someone who knows your plans and is not participating in the activity. They must have a list of participants)

Name: _____

Telephone: Day: _____ Evening: _____