girl scouts
of eastern missouri

ADULT EDUCATION COURSE REGISTRATION FORM

Please print, complete entire form and mail form to course registrar (refer to *Lead & Learn* for complete instructions and registrar's address). Use this form for only one course.

Course #_____ Title_____

Date_____Location of Course _____

Your Full Legal Name_____

Address_____City_____State____Zip_____

Day Phone (_____) _____Evening Phone (_____) _____

Email _____

District____Neighborhood____School_____

Troop Grade Level: ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador

Present Positions: (please check all that apply) ☐ Troop Leader ☐ Co/Assistant Leader ☐ Troop Recruiter/Coordinator ☐ Mentor ☐ GS Senior/Ambassador ☐ Team Chair/Member ☐ District Chair ☐ Learning Facilitator ☐ Other_____

Past GS Leadership Experience: Daisy____yrs. Brownie____yrs. Junior____yrs. Cadette____yrs. Senior/Ambassador____yrs.

Approximate date I attended *Introduction to Girl Scouting* _____

— PLEASE COMPLETE OTHER SIDE —

T-26 2013

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T-26 2013

Girl Scouts of Eastern Missouri (GSEM) asks you to voluntarily provide the following information to help improve outreach efforts.

☐ Female ☐ Male

Racial/Ethnic Background: ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian

☐ Hawaiian or Pacific Islander ☐ Hispanic or Latino ☐ Other (specify)_____

Disability Information:
Girl Scouts of Eastern Missouri welcomes the participation of all girls and adults and will make reasonable accommodations to persons with disabilities. To help GSEM better serve you, please indicate whether or not you are in need of a reasonable accommodation in order to fully participate in the program. Lucretia Penn, Disability Coordinator will contact you to answer questions and discuss the accommodation request. You can also contact her directly at 314.592.2337 or lpenn@girlscoutsem.org.

Do you need a reasonable accommodation ☐ Yes ☐ No

Photo Release:

I, _____ , being of legal age, hereby consent that photographs, digital images, film, video and/or audio recordings taken of me may be used by GSEM, Girl Scouts of the USA and their assignees or successors, in telling the Girl Scout story. This may include publications, events and media. Furthermore, I consent that such photographs, digital images, film, video and/or audio recordings shall be the property of GSEM which has the right to duplicate, reproduce and make other uses in the best interest of Girl Scouting, free and clear of any claim whatsoever on my part.

Signature_____ Date_____

FOR LEARNING FACILITATOR'S USE ONLY

Date of Course Attendance

☐ Cancelled ☐ No Show ☐ Drop In **Course Completed:** ☐ No ☐ Yes

_____
Learning Facilitator's Signature and District

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