



**ANDOVER**

143 Abbot St.  
Andover, MA 01810  
T 978-269-6651  
F 978-809-3488

**BOSTON**

420 Boylston St., Ste 505  
Boston, MA 02116  
T 617-482-1078  
F 617-482-9045

**MIDDLEBORO**

111 East Grove St.  
Middleboro, MA 02346  
T 508-923-0800  
F 508-923-7676

**WALTHAM**

265 Beaver St.  
Waltham, MA 02452  
T 781-893-6113  
F 781-893-0022

**PROGRAM REGISTRATION FORM**

**Registration is required for all programs. Register online at [gsema.org](http://gsema.org) or complete this form and mail or fax to:**

**Girl Scouts of Eastern Massachusetts – Registration**  
**265 Beaver Street**  
**Waltham, MA 02452**

**Fax: 781-893-0022**

**NOTE:**

- Please read [About Program/Training Registration](#) & [Cancellations and Refunds](#) procedures before completing this form.
- Each individual program requires a separate registration form.
- Mail-in registration may require up to four weeks to process and confirm. Online registration can be confirmed immediately.

**Questions about registration? Contact Customer Care at [CustomerCare@gsema.org](mailto:CustomerCare@gsema.org) or 844-306-GSEM (4736).**

If registering a troop/group for a program, complete sections 1 and 3. Individuals should complete sections 2 and 3.

**PROGRAM NAME** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

**DATE** \_\_\_\_\_

**TIME** \_\_\_\_\_

For office use only.

Rec. #:

Confirm:

Emailed:



**Section 1: Troop/Group Registration**

Adult in Charge \_\_\_\_\_

Troop # \_\_\_\_\_ Level \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Email \_\_\_\_\_

NOTE: Registrations can only be processed when each individual participant's name is included. Please include additional names on an attached document if needed.

Adult Name \_\_\_\_\_

Adult Name \_\_\_\_\_

Adult Name \_\_\_\_\_

Adult Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Girl Name \_\_\_\_\_

Do you have additional names attached to this registration?  Yes  No

Are any special accommodations needed?

**Go to Section 3 of this form.**

## Section 2: Individual Registration

Girl/Adult Name \_\_\_\_\_

Troop # \_\_\_\_\_ Level \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Email \_\_\_\_\_

Medical information (allergies, etc.) \_\_\_\_\_

Chaperone Name \_\_\_\_\_

Is the chaperone a GSEMA-approved volunteer?  Yes  No

*Does the program have a fee for adults? If yes, please add fee for chaperone to total in section 3.*

Are any special accommodations needed?

**Go to Section 3 of this form.**

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## Section 3: Payment

Payment is due in full at the time of registration. Send separate check/money order for each program registration form.

**Method of Payment:**  Visa  MasterCard  Discover  Check  Money Order  
(payable to Girl Scouts of Eastern Massachusetts)  Cookie Credits (Please include with registration, must be original, signed Cookie Credits.)

**\*We do not accept American Express**

Amount \$ \_\_\_\_\_

Credit/Debit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_ (3 digit number of the back of card)

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Signature \_\_\_\_\_