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# Girl Scouts and Cedar Falls Historical Society Partner Program Registration Form

Please use this form to register multiple individuals attending the same event. Registrations will be accepted through the closing date listed in the program details. Payment for all participants must accompany this form, and registration is not complete until this form and payment have been received by the Cedar Falls Historical Society. By submitting this form with payment, you acknowledge that you have read, understand, and will abide by the policies and procedures set down by the Girl Scouts of Eastern Iowa and Western Illinois. Please feel free to make copies of this form.

Please return this form and payment (in person or by mail) to :

**Cedar Falls Historical Society**  
**ATTN: Girl Scout Program**  
**308 W 3rd St**  
**Cedar Falls, IA 50613**

If you have questions, please call **(319) 266-5149** or email Diane at **historyeducation@cfu.net**

*All girls must be supervised by a group/troop leader or parent, and each girl must turn in a signed and completed permission form (found on the GSEIWI website) to the group/troop leader by the time she arrives at the program. The group/troop leader will be responsible for these forms.*

## GROUP/TROOP LEADER CONTACT INFO (all communications about this event will go through this person)

Group/Troop Leader's name: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred method of contact: Phone Email Mail

Five digit troop number : \_ \_ \_ \_ \_ Grade level: K 1 2 3 4 5 6 7 8 9 10 11 12

## REGISTRATION INFORMATION (please complete the back of this form as well)

Event name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: Cedar Falls Historical Society /Victorian Home & Carriage House Museum, 308 W. 3rd St, Cedar Falls, IA

Total adults: \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total amount owed: \$ \_\_\_\_\_

Total girls: \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Cash Check Check number: \_\_\_\_\_ Date: \_\_\_\_\_

Total badges: \_\_\_\_\_ @ \$2.00 = \$ \_\_\_\_\_

**\*\*Badges are optional!**

Names of adult attendees:		Dietary /medical concerns, and other special needs:
1.		
2.		
3.		
4.		
5.		

**PLEASE NOTE:** Refunds will only be given if the Cedar Falls Historical Society cancels the program, or if the CFHS is notified BEFORE REGISTRATION CLOSES that girls who have signed up will no longer be attending.



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Names of girl attendees:		Age:	Grade:	Dietary/medical concerns, and other special needs:
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