

Girl Scouts Heart of the Hudson, Inc. - Program Registration Form

Troop # _____ Grade: _____

Participant: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ (day) _____ (eve)

Cell Phone: _____ Email Address: _____

Name of Program: KAMIKAZE KANOERS

Participants must be registered Girl Scouts for current year.

Name _____

Allergy/Special Needs _____

Emergency Contact _____ Telephone # _____