

**girl scouts**  
of western ohio

# Time to press play!



**Come make music and find your beat at Girl Scouts.**

**Activity and a surprise for you, plus  
conversation for parents & caregivers. All free!**

**Join us.  
Monday, September 27, 2021 at 6:00 - 7:00 p.m.  
Vandalia Senior Center and Segar Park  
21 Tionda Dr. South  
Vandalia, OH 45377  
TROOPS FORMING NOW!**

**If you prefer a virtual event, see options at [gsw.org/getstarted](https://gsw.org/getstarted).**



**Scan to learn more  
about Girl Scouts, or  
visit [gsw.org/getstarted](https://gsw.org/getstarted)**

Can't make this? Have questions?  
Contact Gina Minyard at [ginaminyard@gsw.org](mailto:ginaminyard@gsw.org) or  
937-279-6509

7660/2021

888.350.5090 | [gsw.org](https://gsw.org)  
[customer-care@gsw.org](mailto:customer-care@gsw.org)



In Partnership With:



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2021-2022 Girl Membership Registration Form Troop

New Renew

PLEASE RETURN COMPLETED FORMS TO Gina Minyard

Service Unit: 336 Troop #
Girl First Name: Girl Last Name:
Address: City: Zip:
School: Grade: Girl Birthdate:
Adult Name: Adult Birthdate:
Relationship to Girl: Text: Yes No Phone:
Email (Required):

For participation and grant information:
Racial Background: American Indian or Alaskan Native Asian Black or African American
Hawaiian or Pacific Islander White Other
Ethnic Background: Hispanic or Latina Not Hispanic or Latina I choose not to share

Payment Information - The Girl Scout membership year runs from October 1-September 30, each year. Girl Scout membership is non-refundable and non-transferrable.

\$25 12-month membership (Available year-round) \$35 18-month membership (Available April through July)

Cash Check enclosed (payable to Girl Scouts of Western Ohio) Credit Card
Credit Card Number: Exp. Date:
Name on Card (print):
CVV (3-digit): Signature: Billing Zip Code:

Financial Assistance - Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. We ask that you pay some portion of the fee if you are able.

Family can pay: \$ Financial assistance requested: \$

Permission and Health History
Emergency Contact Name: Phone:
List any medical conditions requiring treatment, medication, allergies (including food), or special needs:

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed event activities except as noted.

Authorization for Treatment: If I cannot be reached in an emergency, I hereby grant permission to the physician selected by the event personnel to secure treatment, including hospitalization, if necessary.

Authorization for Participation and Membership: I understand the nature of the activities in which my child is going to participate and give my permission for my child to: 1) engage in all program activities as planned by the Girl Scouts of Western Ohio and its affiliates, 2) for the Girl Scouts and or its affiliates to use her picture(s) or video recording(s) and 3) if my daughter is not a registered Girl Scout I am willing to have my daughter become a registered Girl Scout member.

Please check and acknowledge: I acknowledge that COVID-19 is an extremely contagious virus that spreads easily in the community. I agree to adhere to Girl Scouts of Western Ohio and state and local guidelines and mandates. I will take all reasonable precautions to limit potential exposure for girls, volunteers, and families, based on Girl Scouts of Western Ohio and state guidelines. I will hold Girl Scouts of Western Ohio harmless and waive all right to legal action, if my daughter contracts COVID through exposure at a Girl Scout event.

Adult Signature: Date:
Yes, I would like to volunteer with my child's troop. Please contact me about opportunities.