girl scouts of the chesapeake bay

Adult Education Registration

501 S. College Ave.
Newark, Delaware 19713-1301
T 302-456-7150 • 800-341-4007
F 302-456-7188 • www.GSCB.org

Please print clearly or type, then fax or mail to the above address.

Name: _____
First Middle Last

Home address: _____
Street address

_____
City State Zip

Day phone: _____ Cell phone: _____

Email: _____

Registered with Troop: _____ Service Unit: _____ Grade level: _____

Special needs (please explain): _____

Course Information

Date	Name of Course	Session	Location	Fee

Total $: _____

Payment Type: Check details (if sent separately):

Name on check: _____

Check # _____

Date mailed: _____

Credit Card:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on Card _____

Card # _____ Exp. Date: _____

Adult Education Financial Assistance Request

Allocation of assistance will be based upon the availability of funding and assumption of a reasonable portion of the expenses by the adult or the Troop.

Total expense: $_____ Troop/Individual contribution: $ _____ Amount requested: $_____

United Way