



1776 D Street, NW, Washington, DC 20006-5392

Girl Scout Program Application Form

Troop # _____ Assn/SU _____ Level _____ Grades _____

Troop Leader Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

E-Mail: _____

Number of: Girls applying _____ Adults applying _____

Are there any girls or adults with special needs? _____ Yes _____ No
(Please attach a detailed explanation.)

Name of adult in charge on event day _____
(If different from above)

Emergency Name and Telephone _____

Program Name _____

Program Date & Time _____

Program Name _____

Program Date & Time _____

How did you find out about the Girl Scout programs at the DAR Museum? _____

SPACE FOR MUSEUM USE ONLY

Date check and application received _____

Check # _____ Check Amount _____

Date confirmation letter sent _____