girl scouts of ohio's heartland

Program Kit Reservation Form

PLEASE USE A SEPARATE FORM FOR EACH KIT REQUESTED.
DUPLICATE AS NEEDED OR DOWNLOAD AT WWW.GSOHIOSHEARTLAND.ORG.

BASIC INFORMATION

Parent/Leader name_____

Address _____

City_____ ZIP_____

County_____

(H) Phone (_____)_____

(W) Phone (_____)_____

E-mail address: _____

Troop number_____Service unit_____

Grade level of troop/girl: (circle one)

K-1 2-3 4-5 6-8 9-10 11-12

KIT DETAILS

Please choose a first and second choice of date on which you wish to use the kit. When we receive your form, we will contact you to arrange a pick-up date and due date.

Name of kit_____

1st choice meeting date _____/_____/_____

2nd choice meeting date _____/_____/_____

PLEASE ALLOW THREE WEEKS FOR CONFIRMATION.

Location for pickup (circle choice):

Chillicothe Columbus Mansfield
Marion Portsmouth Zanesville

Participants Fee (per girl) Total due

Girls_____ x _____ = $_____

*** Fees must be paid at time of reservation.**

Note: Kit materials not returned by due date are subject to late fee/replacement cost charge.

FOR RESERVATION PURPOSES: List names of girls and adults who will be using the kit (please include names of adults even though they are not paying a fee).

Last name	First name	G/A

* If needed, use a separate piece of paper for additional girls/adults.

PAYMENT METHOD

Check or money order $_____

Credit card $_____
(complete information below)

Cookie Dough/Nutty Money $_____

TOTAL ENCLOSED $_____

(circle one)

VISA Master Card Discover American Express

Account number Expiration date

Billing address

Street_____

City_____ ZIP_____

Signature_____
(Required for credit card orders)

Make check payable to:
Girl Scouts of Ohio's Heartland Council, Inc.

Mail to:
Girl Scouts of Ohio's Heartland Council, Inc.
1700 WaterMark Drive
Columbus, OH 43215-1097

OFFICE USE ONLY

Date confirmed ____/____/_____ Kit # _____ Pick-up date ____/____/____

Due date* _____/____/_____ Date returned _____/_____/_____