

Are you ready to see true leadership in action?



Have you ever wondered how state government really works? Head to the Iowa State Capitol, and spend the day learning what it's like to be a lawmaker in Iowa.



Wednesday, February 11, 2015
7:30 am – 3:30 pm

Iowa State Capitol Building

East 12th and Grand Ave, Des Moines, IA 50316

Girl Scouts \$15, Non-Girl Scouts \$30

Lunch included in cost, and you'll receive a fun patch for your day of participation!

Applications due by
January 26, 2015

Scholarships are available for those in need.
Payments will be received the day of the event.

Must be in grades 9-12 to participate in this event.

Take an in depth look at our state government by shadowing one of our lawmakers. You'll be front and center as our state policy makers have lively debates on the House and Senate floors. You'll be introduced during the General Assembly, then paired with a female legislator for an inside look at being a woman in politics. Capitol Girls is a great experience that will help you develop personal leadership skills while experiencing our government in action.

Apply to be a part of this event online at
girlscoutsiowa.org

Girl Scout Contact

girlscoutregistrar@gsiowa.org
515.278.2881
or 800.342.8389

ICSW Contact

Kristen.Corey@iowa.gov
515.281.4470

REGISTRATION FORM

individual girls



Use this form when registering independent of a group or as a new member. Registrations are accepted through the close date listed in the detailed information. Payment for all participants must accompany the registration form. By submitting this registration form with payment you acknowledge that you have read, understand, and will abide by Girl Scouts of Greater Iowa's policies and procedures, including those listed in the Event Registration Guidelines. Feel free to make copies of this form.

Please return registration forms in any of the following ways:

Deliver to: Any Leadership Center

Email to: GirlScoutRegistrar@gsiowa.org (credit/debit card)

Complete online: www.girlscoutsiowa.org (credit/debit card)

Fax to: (515) 278-5988 (credit/debit card)

Mail to: Girl Scouts of Greater Iowa, Attention: Program Registrar, 10715 Hickman Rd, Des Moines, IA 50322

GIRL PARTICIPANT CONTACT INFORMATION

Girl's Name: _____
 Day Phone: _____ Evening Phone: _____ Cell Phone: _____
 Address: _____ City/State/Zip: _____
 School: _____ Grade Level (circle): K 1 2 3 4 5 6 7 8 9 10 11 12
 Parent/Guardian's Email Address: _____ Preferred method of contact: email postal mail
 Girl Scout Juliette yes no Five Digit Troop #: _ _ _ _ _

ADULT PARTICIPANT INFORMATION

Name(s) of Participating Adult(s): _____
 Address (if different than girl): _____ Phone Number: _____

REGISTRATION INFORMATION

Event Name: _____
 Location: _____ Date: _____ Time: _____

PERMISSION FORMS

1. Each girl must have a complete and signed *Parent Permission Form* when she arrives at a program activity (in hand or previously turned in). The parent permission forms can be found on our website girlscoutsiowa.org.
2. Most programs will require that girls be supervised by a troop leader or a parent according to *Safety Guidelines*. Troop leaders, or the adult in charge of individuals or groups, will be responsible for the parent permission forms.
3. For instances which girls may attend program activities without adult supervision, each girl must bring a completed and signed *Parent Permission Form* when she arrives at the program activity.
4. Parents/Troop Leaders: If any girl that has special dietary concerns or needs special accommodations for program activities, you will need to contact the Leadership Center that is responsible for that particular program. The Leadership Center that is responsible for events can be found in the *Program Book*.

MEMBERSHIP INFORMATION

I AM A NEW MEMBER: Yes No I acknowledge that the registrant will make the Girl Scout Promise and abide by the Girl Scout Law. The registrant has my permission to join Girl Scouts. I understand that when participating in Girl Scout activities, the registrant may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout council or Girl Scouts of the USA. I acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

I HAVE ENCLOSED \$15 FOR ANNUAL MEMBERSHIP DUES (OCT. 1 - SEPT. 30), in addition to event fees: Yes No

I HAVE ENCLOSED A COMPLETED SCHOLARSHIP FORM FOR MEMBERSHIP (available at www.girlscoutsiowa.org): Yes No

Signature of Parent/Guardian: _____ **Date:** _____



PAYMENT METHOD SUMMARY

Scholarship Amount Requested - Form(s) enclosed\$ _____
 Cookie Dough Being Used+\$ _____
 Cookie Dough Card Number _____
 Juliette Program Card Being Used.....+\$ _____
 Juliette Program Card Number _____
 Financial Aid Being Used+\$ _____
 Financial Aid Card Number _____
 Cash/Check(s)/Money Order(s) Enclosed+\$ _____
 Credit Card+\$ _____
 Circle One: Disc MC Visa # _____ V-Code _____
 Exp. Date: ____ / ____ Signature: _____

EVENT CHARGES

# Attending	Price/Person	Sub-Total
Girls _____	X \$ _____	= \$ _____
Adults _____	X \$ _____	= \$ _____
TOTAL FOR ACTIVITY		= \$ _____

NOTE FOR TRIPS: Cancellations will be accepted and refunds will be processed only until payments are made for transportation.

TOTAL AMOUNT ENCLOSED = \$ _____