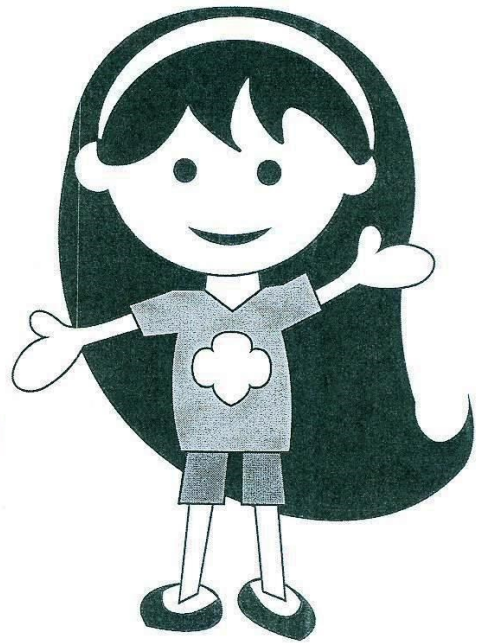




For girls in grades K-5!

**It's Your
Story**  **Tell it!**



Celebrate the beauty that's inside you!

If you had to tell a story about your life, what would it be? Have a funny family? Do you have big dreams? Love to dance? Come learn how to tell YOUR story.

**Every Tuesday Afterschool
April 4th—May 16th
3:15 PM—4:30 PM**

St Thomas More

Heider Hall

Girls will be escorted to Heider Hall directly after-school to participate in the program. Snack will be provided.

- Learn neat new ways to tell stories, including your own.
- Explore how differences and similarities around the world.
- Create crafts that let you express your creativity.
- Snack provided!!
- \$15 dollars fee for the 6 weeks. Financial assistance available for any girl who may need it.

Questions? Contact Brittany Sizemore
513.619.1370 or brittanysizemore@gsw.org



Girl Scouts of Western Ohio
Series Registration Form 2015-2016

Troop/Group # _____ Service Unit # _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Birth Date: _____

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

Parent/Guardian Name: _____ Alternate Phone: _____

Emergency Contact Name: _____ Phone: _____

☐ Yes, I would like to volunteer ☐ Being a leader ☐ Being an assistant leader ☐ Being a troop/group helper

☐ Check enclosed (payable to Girl Scouts of Western Ohio) or charge my credit card: ☐ Visa/MasterCard/Discover ☐ AmEx ☐ Financial Assistance

Card Number: _____ Exp. Date: _____ CVV (3-digit): _____

Signature on Card: _____ Billing Zip Code: _____

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.

FINANCIAL ASSISTANCE FOR MEMBERSHIP FEE

Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants are encouraged to pay some portion of the fee. Please complete the line below.

Family can pay \$ _____ Financial assistance requested \$ _____ Total \$15

Girl Scouts of Western Ohio
PARENT/GUARDIAN PERMISSION AND HEALTH HISTORY

List any medical conditions requiring treatment, medication or special needs: _____

Allergies this person has: _____

Name of family physician: _____ Phone number: _____

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: In the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the event personnel to secure treatment, including hospitalization, for the patient.

Signature of Parent/Guardian: _____ Date: _____



Cincinnati	Dayton	Lima	Toledo
513-489-1025	937-275-7601	419-225-4085	419-243-8216
800-537-6241	800-233-4845	800-962-7753	800-860-4516
www.girlscoutsofwesternohio.org			

