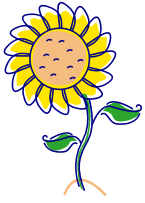


Welcome to the Flower Garden



- Get to know one another
- Learn Girl Scout values
- Discover your special talents



- Work together to accomplish goals
- Use personal power to help others



Who: Girls in kindergarten through fifth grade

Date: Thursdays; June 13, 20, 27, July 11, 18, 25, 2013

Time: 1–2:30 p.m.

Place: Bluffton Public Library
145 S. Main St., Bluffton, OH 45817

Cost: The standard program fee will be waived as a courtesy for summer reading club members

Min: Five girls not registered in Girl Scouts to continue this program

RSVP: Please turn in your registration to Cindi at the Bluffton Public Library by June 5, 2013

Successful Girl Scout groups run on volunteer power! Leaders, assistants and drivers are just a few examples of how volunteers make a quality program possible. Please consider how you can help girls to *discover*, *connect*, and *take action* by volunteering. Ask us how! Training and support are provided.

W/O: 4-52-13

For more information, please call Anna Wildermuth, at 419-225-4085, ext. 340, or email at annawildermuth@girlscoutsofwesternohio.org.

**Girl Scouts of Western Ohio
Bluffton Public Library Summer Program
Troop /Group # 23329 Service Unit # 218**

First Name: _____ Last Name: _____

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

Phone: _____ Email: _____

School: _____ Grade: _____ Birth Date: _____

Already in Girl Scouts? Yes No

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

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.

Parent/Guardian Signature: _____ Date: _____

Please fill out the back side of this form.

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: _____

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 \$12