

**Western Illinois University
National Girls and Women in Sports Day Celebration
Registration Form (Girl Scouts)**

**Girls in Grades 2-12 are invited to participate in the
celebration at Western Illinois University:
Saturday, February 4, 2012
11:30 a.m. – 6:30 p.m.
Brophy Hall and Western Hall**

Registration forms **MUST** be received by January 30.
Girls whose registrations are received by Jan. 24 will get a t-shirt at the event,
and those whose forms are received after Jan. 24 will get a shirt at a later date.

Please print clearly all information requested below
and mail w/ payment (checks payable to WIU Women's Center) and waiver form for each girl to:
WIU Women's Center, Multicultural Center 209, 1 University Circle, Macomb, IL 61455
309-298-2242 Email: womenscenter@wiu.edu

Troop _____ Town/County _____

Leader _____ Phone _____ E-mail _____

Adult(s) attending the activities with the girls (if any) *NOTE: There will be volunteers from WIU supervising the girls at the event*

Name _____ Day phone# _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Name _____ Day phone# _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Names/Ages of girls attending: T-shirt Size** (please circle)

_____ YM YL AS AM AL AXL

_____ YM YL AS AM AL AXL

_____ YM YL AS AM AL AXL

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Names/Ages of girls attending: T-shirt Size** (please circle)

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****Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult Extra Large**

Total Number of Girls Attending _____ x \$ \$14 each = \$ _____

Total Number of Adults Attending _____ x \$ \$14 each = \$ _____

Total Amount Enclosed = \$ _____

Registration Fee includes a t-shirt (girls only), lunch, a goodie bag with fun patch (girls only), and admission to the WIU Women's Basketball game.

NOTE: General admission tickets to the basketball game may be purchased for \$8 at the Will Call window in Western Hall by parents or others who would like to attend the game but who will not be attending the activities earlier in the day.

Food allergies or special needs _____

Signature _____ Date _____