



Don't be late! Don't be late!

For a very important date!

Sonoma Cadette/Senior Troop 10878

**HAS GONE MAD & WE'RE
HOSTING A TEA PARTY!**

**Fundraising for Troop Travel and Gold Award Projects.



*Halloween
Mad Hatter
Tea Party*

**Moose Lodge,
20580 Broadway
Sonoma 95476
October 18th
3-6pm**

Open to Girl Scouts & Moms/Dads, Grandmothers, Aunts, siblings. Come dressed in your Halloween costume and/or funkiest hat. Tea & food will be served, craft for the girls, prizes for best costume, best hat, Fun patch incl. for registered Girl Scouts.

Limited to 120 people.

\$25 per Mother (or Father)/Daughter Couple.

\$10 per add'l girl

\$5 per add'l adult.

Please bring your own cup & saucer.

**PLEASE RSVP BY
OCTOBER 11TH**

W/ REGISTRATION FORM &

CHECK PAYABLE TO

**GIRL SCOUT TROOP
10878**

13481 Arnold Drive
Glen Ellen, CA 95442
Email confirmation will be sent.

HALLOWEEN MAD HATTER TEA PARTY REGISTRATION FORM

Participant Information:

Girl's Name _____ Troop _____

Grade _____ Age _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Special Needs (please indicate) _____

Parent Phone _____

Emergency contact info _____

Name	Relationship	phone #
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Accompanying Adult's Name _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Special Needs (please indicate) _____

Parent Phone _____

Emergency contact info _____

Accompanying Sibling or other Adult's Name(s) _____

Grade _____ Age _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Special Needs (please indicate) _____

Parent Phone _____

Emergency contact info _____

Name	Relationship	phone #
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____ (initial) I give my daughter/dependent permission to participate at Halloween Mad Hatter Tea Party

____ (initial) I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by Girl Scouts for public relations and publicity purposes. I understand that her last name and residence will not be used for publicity purposes.

____ (initial) In the event of an emergency, every effort will be made to contact parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Northern California to seek treatment for my child/dependent minor by a licensed physician pursuant to California Family Code

Section 6910 and California Civil Code Section 25.8. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form.

Parent/Guardian Name _____

Signature _____

____ I have enclosed my check for Registration

Total Enclosed _____