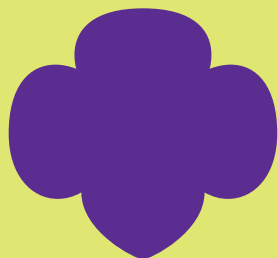


# Girl Scouts at Hopi Center



## Your Year of Trailblazing

- ✓ Create change in your community.
- ✓ Start a business with your friends.
- ✓ Advocate for something you care about.

## Be a Girl Scout

Register today!



Learn more and find YOUR squad today!

**[girlscoutsaz.org/join](https://girlscoutsaz.org/join)**

**girl scouts**   
arizona cactus-pine

### **Where: Hopi Center at Second Mesa Day School**

Second Mesa Day School  
Highway 264 @ Texaco Junction  
Second Mesa, AZ 86043

**When: One Saturday a month**  
10:00am-12:00pm

### **Upcoming meetings:**

**Sept. 14, Oct. 12, Nov. 9, Dec. 7**

Register online or bring completed attached  
form to your first meeting

# Girl Scouts at Hopi Center



*An opportunity to make friends and enjoy fun activities while building self-confidence and leadership skills.*

**Who** ALL girls grades K-6 attending Second Mesa Day School

**Where** Second Mesa Day School, Highway 264 @ Texaco Junction, Second Mesa, AZ 86043

**When** One Saturday a month | 10:00 a.m. - 12:00 p.m.

**Cost** \$25 – Financial Assistance Available

**Registration** Register online or bring completed attached form to your first meeting.

**Questions?** GS Impact Team | [gsimact@girlscoutsaz.org](mailto:gsimact@girlscoutsaz.org) | (602) 452-7040



Girl Scouts of the USA is a private, voluntary organization open to all girls, grades K-12, who make the Girl Scout Promise and accept the Girl Scout Law.

First Name		Middle Initial	Last Name	
Address		City	State	Zip Code
Phone		Email		
Birthdate	Grade	School		
Registrant's Racial Background: <i>(check all that apply)</i> <input type="checkbox"/> American Indian for Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____			Registrant's Ethnic Background: <i>(check one)</i> <input type="checkbox"/> Hispanic or Latina <input type="checkbox"/> Not Hispanic or Latina	
Custodial Type: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Joint <input type="checkbox"/> Other				
Primary Guardian		Relationship to Child	Cell Phone	Birthdate
Emergency Contact (other than Primary Guardian)		Relationship to Child	Cell Phone	
I give the council permission to use photos or film of my child for Girl Scouts public relations. <input type="checkbox"/> Yes <input type="checkbox"/> No				
How will your child get home? <input type="checkbox"/> Parent Pick Up Only				
<input type="checkbox"/> I am unable to pay the \$25 fee, but would like my daughter to attend.				
In an emergency situation, an emergency medical technician may need to know the following information regarding my daughter's health (e.g. allergies, chronic illnesses, seizures, prescription medication taken, etc.)				

My signature below indicates my permission for the adult in charge to take my child to a medical facility, if necessary, in case of an emergency, if none of the above can be contacted. I consent to the treatment for my daughter under the supervision of, and as deemed advisable, by a physician licensed under the Medicine Practice Act. I acknowledge that the above registrant will accept and abide by the Girl Scout Promise and Law. The above registrant has my approval to join Girl Scouts and participate in this activity.

Parent/Guardian Signature	Date
---------------------------	------

GSAZ ID Number	Council Code	Troop/Group #	Report Code	Reg. Area	Membership Exp.
	607				09/2025