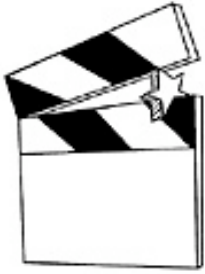


A RED CARPET EVENT: MAKE IT A HIT!!



LIGHTS
CAMERA ACTION



SERVICE UNIT 36 COOKIE KICKOFF

CALLING ALL DIVA GIRL SCOUTS — COME WALK THE RED CARPET

FRIDAY, JAN. 4, 2008 6:45 — 8:00 P.M.
FIRST UNITED METHODIST CHURCH, CHESTERTOWN

PAPARAZZI, GAMES, CRAFTS, MUSIC AND CELEBRITY COOKIE CONTEST
COST: \$3.00 PER GIRL TO INCLUDE PHOTO

HOSTED BY GIRL SCOUT TROOP #949

----- (tear off and return bottom to troop leader) -----

This form will accompany the responsible adult for this approved Girl Scout activity.

My daughter, _____ has permission to participate in _____

1. She is in good health and can participate without any accommodations. ___ yes ___ no

2. She can participate with reasonable accommodations. ___ yes ___ no

Please describe (allergies, medications, disabilities, etc.); use back side, if necessary,

During the activity, I may be reached at:

Address _____

Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Relationship to participant _____

Address _____

Phone _____

Physician's Name _____ Phone: _____

I consent that my daughter may be photographed, video taped, and/or recorded and the images/recordings may be made public. ___ yes ___ no

Emergency Medical Care Authorization: In the event of an emergency, I give my consent for emergency medical treatment as is deemed necessary. I understand that this authority will be exercised only if reasonable attempts to contact me should fail. I authorize _____ or _____ to act on my behalf to select and authorize a physician or a hospital to give emergency care.

Parent Signature _____

Date _____