

ROLLHAVEN - Grand Blanc Twp.

Girl Scout Overnite Registration Form

DEADLINE: March 23, 2018

PLEASE MAIL FORM TO:
 Corporate Office
 Rollhaven Skate & Fun Center
 5315 S. Saginaw Rd.
 Flint, MI 48507

Date of Overnite: Thursday, March 29, 2018
 Time: 9:00pm - 7:00am

Chaperones
 (First & Last Names)

Troop # _____	1 game ___ 2 games ___
Troop Leader _____	1 game ___ 2 games ___
Address _____	1 game ___ 2 games ___
City/Zip _____	1 game ___ 2 games ___
Home Phone _____	1 game ___ 2 games ___
Cell Phone _____	1 game ___ 2 games ___
E-Mail _____	1 game ___ 2 games ___

NOTE! In an attempt to eliminate the line for lasertag, we will allow leaders to pay for up to 2 games per scout or chaperone in advance. 1 game is \$3pp and 2 games is \$5pp. Lasertag is on a first come, first serve basis so your games will be reserved as the registrations come in. Troops will not get the arena to themselves. Please indicate next to the scout's name if they want lasertag and don't forget to include the games in your total.

First & Last Names of Scouts Attending

1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___
1 game ___ 2 games ___	1 game ___ 2 games ___

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_____	1 game____ 2 games____	_____	1 game____ 2 games____
_____	1 game____ 2 games____	_____	1 game____ 2 games____
_____	1 game____ 2 games____	_____	1 game____ 2 games____
_____	1 game____ 2 games____	_____	1 game____ 2 games____
_____	1 game____ 2 games____	_____	1 game____ 2 games____
_____	1 game____ 2 games____	_____	1 game____ 2 games____

Total # of Scouts _____ X \$18 = \$_____

Total # of Chaperones _____ X \$9 = \$_____

Total # of \$3 Lasertag _____ X \$3 = \$_____

Total # of \$5 Lasertag _____ X \$5 = \$_____

Total Amount Due = \$_____

NOTES

PLEASE MAKE CHECKS OUT TO ROLLHAVEN

OFFICE USE ONLY

DATE PAID _____ AMOUNT _____ CLERK INITIALS _____

CHECK # _____ CASH _____ C.C. _____ OTHER _____