



# Adult Training Registration Form

Mail to: Valley Forge Service Center, P.O. Box 814, Valley Forge, PA 19482

Fax: 610-935-2714

Name:	GSUSA ID:
Mailing Address :	
City:	Zip:
Day Phone:	Evening Phone:
Email Address:	Volunteer Position:
Troop Number:	Service Unit:

<b>First Choice</b> Course Title:	Code:
Location:	Date:

<b>Second Choice</b> Course Title:	Code:
Location:	Date:

**If you have special needs please specify:**

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Enclosed is my check payable to GSEP.

Please bill my:  VISA  MasterCard  Discover  American Express

Card number |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Expiration Date Month:|\_\_|\_\_| Year: |\_\_|\_\_| Amount \$\_\_\_\_\_

Name on Card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_