

Mix it Up!

Senior Troop 425 is hosting
a cooking workshop for
Brownies and Juniors



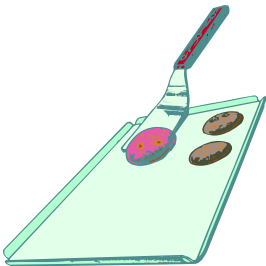
Time: April 25 2-4pm

Place: 200 MacKay Hall on the ISU campus

Cost: \$4.25 + 1 item of non-perishable food

Register by troop for safety-wise ratios, by April 10th.
Late registrations \$5.25

Girls will earn either the “Let’s Get Cooking”
Badge or the “Make It, Eat It” Tryit.



They will be making (and eating)
chocolate chip cookies, tacos, fruit
pizzas and smoothies, and learning
about food safety.

Leader Form

- return to Cathy Hauck by 4/10

cchauck@iastate.edu – bring the \$ to the event

or

2242 240th St., Ames 50014 – mail the form and a check

Troop # _____

Leader name _____

Phone # _____

Number of girls _____

X \$4.25 _____

Number of adults _____

X \$3.00 _____

(+ late fee) _____

Total \$ _____

Circle one:

Tryits

Badges

Patches

Bring at least one item of non-perishable food / person!



PARENT PERMISSION FORM

Troop #: _____ is planning to go to the Mix it Up! cooking clinic in MacKay Hall on the ISU campus April 25 from 2-4 pm

Transportation

- o Time and place of departure: _____
- o Time and place of return: _____
- o Mode of transportation: _____
- o The cost per girl will be ____\$4.25

Supervision:

- o The leaders in charge will be _____ and _____
- o In case of emergency, the leaders should notify (name & phone#): _____
- o Leaders' hone number _____

"Girl Scouts of Greater Iowa Council are committed to the education, acceptance, and appreciation of its diverse membership and assures that all have equal opportunities in the Girl Scout Program"

Return bottom portion only to Troop/Group Leader

My daughter _____ has permission to go to the Mix it Up! cooking clinic

She is in good physical condition and has not had any serious illness or operation since her last health exam. I shall make sure that she does not attend if she is not feeling well and will also inform you should that be the case.

Please provide any information about disabilities, medication, and/or special health situations:

During the activity, I can be reached at _____

Physician's name & phone number:

Where immediate care is necessary the leader in charge, _____ has permission to seek medical attention.

Signature: _____ Date: _____
(Parent or Guardian)