



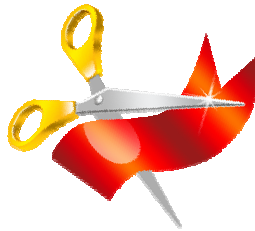
Announcement!

# She-She Scrapbooking

Saturday, January 23<sup>rd</sup>, 2010  
1-4 pm



St-Thomas Aquinas Church Lower Lounge  
2210 Lincoln Way  
(across from Memorial Union parking ramp)  
(access church parking from Lynn Ave)



- Bring photos of your choice to scrapbook. We'll provide the paper and tools to make a 5-page, yarn bound book

\* Girls and adult partner can register individually, without a troop

\* Any supplies you care to share are welcome



**Cost:** \$5 per girl/adult pair, payable to "Girl Scouts"

**Registration by January 20th to:**

Joanne Kerton  
5121 Schubert St. Ames, IA 50014  
[cjkerton@msn.com](mailto:cjkerton@msn.com)  
292-0462

**She-She Scrapbooking  
Ames Gilbert Girl Scouts**

**Registration deadline - 20 January 2010**

Troop Number \_\_\_\_\_ Circle one: Brownie Junior Cadette Senior Ambassador

**Leader's Information:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Mailing address \_\_\_\_\_

E-mail \_\_\_\_\_

**Names of people attending:**

	Name	Girl	Adult
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**Make checks payable to: Girl Scouts**

**Mail registration form and check to:**

Joanne Kerton  
5121 Schubert St  
Ames, IA 50014



**Girl Scouts of Greater Iowa  
PARENT PERMISSION FORM**

The Ames Gilbert Girl Scouts are planning a She-She Scrapbooking Event on Saturday, January 23rd, 2010.

Leaders in charge will be Joanne Kerton and Susan Winer.

We plan to meet at St Thomas Aquinas Church Lower Lounge, 2210 Lincoln Way, Ames from 1 pm to 4 pm.

The cost will be \$5.00 per girl-adult pair.

**A SIGNED PERMISSION FORM IS REQUIRED EVEN IF A PARENT IS PRESENT**

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TEAR OFF AND RETURN BOTTOM PORTION TO TROOP LEADER OR BRING TO EVENT

My daughter \_\_\_\_\_ has my permission to participate in the Scrapbooking Event with Ames-Gilbert Girl Scouts on Januray 23rd, 2010. I understand the cost will be \$5.00.

I will make sure that she does not attend if she is ill and I will inform the Girl Scout Leader in advance; I understand a refund might not be available. I understand that if my child is in need of medication during this event the medicine must be in its original container and must be given to the Girl Scout Leader or First Aid adult in charge and cannot under any circumstances remain in my child's possession.

During the activity I may be reached at:

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**Girl Scouts of Greater Iowa or the adult in charge, Joanne Kerton , is hereby authorized to secure a physician's service if, in her judgment, any illness or accident should so indicate.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**THIS PERMISSION FORM MUST BE IN POSSESSION OF LEADERS OR DRIVERS AT ALL TIMES.**