



GIGC GIRLS APPLICATION

Girls Incorporated of Guilford County P.O. Box 13914 Greensboro, NC 27415 336.790.2763 www.girlsincgc.org

Date: _____

Girl's name:

_____ Last First MI

Home Address: _____

City _____ State: _____ Zip _____

School: _____ Grade: _____

Date of Birth: _____

Is there anything else we should know about your daughter that will help us to provide her with the best and safest possible experience?

Daughter's size T-shirt (circle one): Sm (6-8) Med (10-12) Lrg (14-16) XLrg (18-20) Youth _____ Misses _____

Parent/Guardian I:

_____ Last First MI Address (if different than above):

City _____ State: _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Job Title: _____ Employer: _____

Parent/Guardian II:

_____ Last First MI Address (if different than above):

City _____ State: _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Job Title: _____ Employer: _____

Please include yearly Membership fee of \$45.00 for 1 girl or \$75.00 for 2 or more girls in one family If you need to make payments please indicate it here. 2 (\$22 & \$23) __, 3(\$15) __ Family 2(\$37 &38) __, 3(\$25) __. Other (Indicate) _____.