



Council Authorization to Participate in QuestFest 2017

TEAM NAME (as specified on registration) _____

TEAM CONTACT INFORMATION:

_____ (name)

_____ (email)

_____ (phone)

Please list the full names of all QuestFest participants on your team or in your group:

NAME	GIRL or ADULT (circle)	AGE (for girls only)
1. _____	GIRL ADULT	_____
2. _____	GIRL ADULT	_____
3. _____	GIRL ADULT	_____
4. _____	GIRL ADULT	_____
5. _____	GIRL ADULT	_____
6. _____	GIRL ADULT	_____
7. _____	GIRL ADULT	_____
8. _____	GIRL ADULT	_____
9. _____	GIRL ADULT	_____
10. _____	GIRL ADULT	_____
11. _____	GIRL ADULT	_____
12. _____	GIRL ADULT	_____
13. _____	GIRL ADULT	_____
14. _____	GIRL ADULT	_____
15. _____	GIRL ADULT	_____

To be filled out by Council Staff Member:

Council Name _____

Council Address _____

Council Phone Number _____ Council Email _____

Council TIN # _____

I certify that all participants listed above are registered with this Girl Scout Council.

In the event that this QuestFest team wins a cash prize, our Council agrees to distribute the team's half of the prize money evenly between all participants in a timely manner.

_____ (name)

_____ (title)

_____ (signature)

_____ (date)