



Troop Ga-1842
Registration Payment Form
(1/family)

Family Name: _____ Email: _____
Phone: _____

Name	/Person	# of	Cost
National AHG Membership Dues – Girl <i>(\$60 cap/3+ sisters)</i>	\$26.00		
National AHG Membership Dues – Adult* <i>(troop pays one \$26 adult fee/family)</i>	\$26.00		
Troop Dues** <i>(\$48 cap/2+ sisters)</i>	\$24.00		

Please make checks payable to: **Troop Ga-1842** Total

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*To maintain required Adult:Child ratios, we ask each family to register one parent as an AHG volunteer.

**Troop Dues need to be paid within 90 of joining.

For administrative use only:

Check #: _____ Date: _____ Amount: _____