



**TURTLES for TOMORROW  
EVENT REGISTRATION  
FORM**

**Deadline March 1st, 2012**

214 Stable Road  
Jekyll Island, GA 31527  
Fax: 912-635-4198  
Email: [kstearns@jekyllisland.com](mailto:kstearns@jekyllisland.com)  
Website: [georgiaseaturtlecenter.org](http://georgiaseaturtlecenter.org)

*All requests should be made on this form only and faxed or emailed to the address listed above.*

TROOP NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TROOP LEADER: \_\_\_\_\_

PHONE NUMBER:(\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER:(\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ AGE RANGE OF GROUP: \_\_\_\_\_

# OF SCOUTS \_\_\_\_\_ # OF LEADERS \_\_\_\_\_ # OF ADULT CHAPERONES \_\_\_\_\_  
 CHAPERONE RATIO: 1:5 FOR ELEMENTARY  
 1:10 FOR MIDDLE SCHOOL & HIGH SCHOOL

HOW DID YOU HEAR ABOUT THIS EVENT? \_\_\_\_\_

**PLEASE SELECT THE FOLLOWING:**

Please Check One	Starting Point	Lunch Space Needed?
<input type="checkbox"/> Boy Scouts	<input type="checkbox"/> Georgia Sea Turtle Center	<input type="checkbox"/> Yes
<input type="checkbox"/> Girls Scouts	<input type="checkbox"/> Tidelands Nature Center	<input type="checkbox"/> No
	<input type="checkbox"/> Jekyll Island 4-H Center	

Scout Names: First and Last (for certificates)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GSTC Internal Use Only:**

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_ Initials: \_\_\_\_\_