



Locavore

Badge Workshop

December 7, 2019

10:00 AM — 1:00 PM

Camp Potomac Woods, Leesburg, VA

A locavore is someone committed to eating locally grown, seasonal foods. The efforts of locavores can be important – and delicious – steps toward healthful eating, helping in the environment, and supporting local farmers. Ready to try it out?

Steps

1. *Explore the benefits and challenges of going local*
2. *Find your local food sources*
3. *Cook a simple dish showcasing local ingredients*
4. *Make a recipe with local ingredients*
5. *Try a local cooking Challenge*

Purpose

When I've earned this badge, I'll know how to prepare a meal of seasonal and locally grown dishes.

Workshop minimum is 12 and maximum is 24. **Cost for the workshop is \$30.00 and includes, badge, food and materials for workshop. Please plan to arrive 15 minutes before start time for check-in. We will start promptly.** This workshop will include cooking and preparing foods girls **should bring their own refillable water bottles.** Girls with severe food allergies should not register for this workshop as girls will be cooking and we cannot guarantee cross contamination. Girls not present and participating in workshop will not be refunded after registration deadline. Girls in 7th-12th grade are invited to attend Badge Workshop.

Registrations are due by November 23, 2019. No registrations will be accepted after this date and no refunds will be given. If registration is full before this date you will be put on a wait list. You can [sign-up here](#) and pay online or send a check payable to GSCNC for total due to complete your registration, or you can send the bottom of this form along with check to Locavore , c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702. Girls are welcome to attend without their troop but must have a permission/health history form. If you have any questions please email troop81378@gmail.com ore kskingsford@gmail.com.

Leader/Parent Name: _____	E-mail: _____
Troop Number: _____	School: _____
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If no troop Girl Name: _____	Mobile #: _____
Address: _____	City: _____ State: _____ Zip: _____
# _____ Girls X \$30.00 = _____	# Chaperon _____ <input type="radio"/> Check if signed up online

Date Received: _____	Amount Received: _____	Check # _____	Acct: _____
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Financial Assistance is available for girls, for more information please access the online sign-up link and a financial assistance form is available for download there, please apply for Financial Assistance before **January 1, 2019**.



Permission Slip with Health History

Program Name: Senior Locavore or Amassador Dinner Party Badge Workshop Date: 12/7/2019

Girl's Name Age Grade Birth date Address Phone City State Zip Email Mother/Guardian Day phone E-mail Evening phone Cell Father/Guardian Day phone E-mail Evening phone Cell School Attending State Grade Troop # Level

The registrant's racial background is: (optional)

- American Indian or Alaskan Native Asian Black or African American White Other Hawaiian or Pacific Islander (please check one) Hispanic or Latina Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: Phone: Name/ Relationship: Phone:

HEALTH HISTORY - All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? Yes No If no, please state reason: Please provide comments where applicable: Medication being taken Special dietary needs/restrictions: Weight of camper for dosage purposes: Specific information including physical, psychiatric or behavioral problems:

Insurance company: Policy Number: Group # Family physician: Phone: Day Eve

Parent Permission Statement

- The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her. EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child. The Girl Scouts may use any photo in which my child appears to promote Girl Scouting.

My child may be given: Aspirin Benadryl Ibuprofen Neosporin Tylenol None

Parent/Guardian Signature required:

Signature Date

To Register: Send Registration form along with this Permission/Health History form to "Event Name", c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick MD 21702 Registration fee should be paid online or via check and sent with Registration. Online sign-ups are not considered "registered" until payment is received. For questions please contact: troop81378@gmail.com or kskingsford@gmail.com.

Girl Name: