



Ambassador

Dinner Party Badge Workshop

12.7.2019 — 3:00-7:00 PM

GSCNC Camp TBD

Chefs are on the cutting edge of entertainment, and are masters of building community at the table. They, also, have the thrill of defining and redefining delicious in their kitchens every day. For this badge, try on a chef's apron as you throw a great dinner party, bring people together, and practice creating course after course with finesse and flair.

Steps

- Create your menu
- Make a budget and shopping list
- Practice timing your courses
- Explore imaginative ways to present food
- Host your party



Girls can invite one adult to attend the Dinner

Purpose

When I've earned this badge, I'll know how to make and serve a fabulous three-course meal.

Workshop minimum is 12 maximum 24. **Cost for the workshop is \$35.00 and includes badge, groceries for dinner, cookbook and materials for workshop. Please plan to arrive 15 minutes before start time for check-in. We will start promptly. Girls should bring their own refillable water bottles.** Anyone with severe food allergies should not sign-up as girls will be cooking and we cannot guarantee cross contamination.

All registrations are due by 11/23/2019. You can [sign-up here](#) and pay online, sign-up on waitlist and pay via PayPal Invoice online with debit/credit card, or send a check payable to GSCNC for total due with this form along with check to Badge Name, 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.

No refunds after registration closes. Girls not present and participating will not receive badge or materials.

All Girls are expected to assist in clean-up after workshop is complete

Leader/Parent Name: _____ E-mail: _____
Troop Number: _____ School: _____
If no troop \Rightarrow Girl Name: _____ Mobile #: _____
Address: _____ City: _____ State: _____ Zip: _____
_____ Girls X \$35.00 = _____ Name of Guest: _____

Date Received: _____ Amount Received: _____ Check # _____ Acct: _____

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 **11/1/2019**



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: