



Cadette Comparison Shopping

Badge Workshop

January 17, 2020

7:00—9:00 PM



GSCNC Camp TBD (Potomac or Brighton Woods)

From cardigans to cars, you can buy just about everything online these days. Even if you end up buying an item in an actual store, you can use the Internet to compare prices and find the best deal. Although online shopping is convenient, there are certain things to know so you can make sure that you're paying a fair price and don't fall victim to a fraud!

Steps

- Learn to comparison shop
- Find out how to use online reviews
- Check out the fine print
- Investigate how to avoid online fraud
- Know how to manage your online shopping

Purpose

When I've earned this badge, I'll know how to go online to find the best deals on the best products in the safest way possible.

Workshop minimum is 12. **Cost for the workshop is \$23.00 and includes badge, snack 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.** Girl Scouts in 6th-8th grades are welcome to attend. Girls are can attend without their troop but must have a permission/health history form.

Registration closes on January 3, 2020, no refunds after this date. You can [sign-up here](#) and pay online, sign-up on waitlist and pay via PayPal Invoice with debit/credit card, or send a check payable to GSCNC for total due with this form along with check to Comparison Shopping, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702 If you have any questions please email troop81378@gmail.com ore kskingsford@gmail.com.

Girl Scouts not present or participating will not receive Badge, Patch or Award

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

Leader/Parent Name: _____ E-mail: _____
Troop Number: _____ School: _____
If no troop ⇒ Girl Name: _____ Mobile #: _____
Address: _____ City: _____ State: _____ Zip: _____
_____ Girls X \$23.00 = _____ # Chaperon: _____ Check if signed up online

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 **12/31/2019**.



Permission Slip with Health History

Program Name: Cadette Comparison Shopping Badge Workshop Date: January 17, 2020

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: _____