

Girl Scouts of Indian Waters Council
Junior Adventure Day
INTENT FORM



Service Area/Community _____

- Yes, we intend to host a Junior Adventure Day. I have completed the information below.
- We are unsure about hosting a Junior Adventure Day and would like someone to contact _____ at _____ (days) or _____ (evenings) for more information.
- No, we will not be hosting a Junior Adventure Day this year.

Junior Adventure Day Event Director or Contact Person _____
Address _____ City _____ Zip _____
Phone _____ (days) _____ (evenings)
Junior Adventure Day Site _____
Junior Adventure Day Date _____ Time _____



Girl Scouts of Indian Waters Council
Junior Adventure Day
INTENT FORM

Service Area/Community _____

- Yes, we intend to host a Junior Adventure Day. I have completed the information below.
- We are unsure about hosting a Junior Adventure Day and would like someone to contact _____ at _____ (days) or _____ (evenings) for more information.
- No, we will not be hosting a Junior Adventure Day this year.

Junior Adventure Day Event Director or Contact Person _____
Address _____ City _____ Zip _____
Phone _____ (days) _____ (evenings)
Junior Adventure Day Site _____
Junior Adventure Day Date _____ Time _____