



Brownie WOW Journey in a Day

When: Saturday, May 12th, 2018 9:00am - 4:00pm

Where: St. Thomas More Catholic Church - 10205 N FM 620, Austin, TX 78726

Who: Registered Brownie Girl Scouts **Host:** Troop 978, Starlight Service Unit

Cost: \$40.00 per girl (Make checks out to GSCTX Troop 978)

Includes supplies for the day, lunch, snack, and Journey badge set shown above.

Proceeds from this event go towards Troop 978 Disney World Bridging Trip June 14 – 22, 2018.

Thank you for your support. ©



This journey follows friends Alejandra, Campbell, Jamilla, and Brownie Elf as they enjoy some amazing wonders of water. Girls will learn about the endless water cycle and have a good time making their own rainbows as they explore our precious resource of water. They'll meet inspiring women working for water, learn Girl Scout history, and, as a team, come to understand that WOW also stands for Ways of Working. They reach out to their community as they advocate for other people to get involved in protecting water, too!

Registration DUE Saturday, April 21st, 2018

Got Questions? Contact Amy VanLaningham amyvanlaningham@gmail.com



All Brownie Girl Scouts will complete the entire Journey minus the take action project. Girl Scouts will complete that on their own or with their troop.

GIRL REGISTRATION & PARENT PERMISSION FORM Brownie Quest Girl Scout Journey in Day

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Mail registration form and payment to:

Amy VanLaningham 1310 Texas Oak Way Cedar Park, TX 78613

Got questions? Contact Amy VanLaningham <u>amyvanlaningham@gmail.com</u>

Registration and payment DUE by Saturday, April 21st, 2018

No Refunds	No Tagalongs	No late registrations
Troop# Check# (Make Checks Payable to: GSCTX		
event. I will make sure she is in serious or communicable illness.	good physical conditio I will make sure she	ission to attend the Brownie WOW Journey on at the time of the event and has had no does not attend if she is not feeling well. I by a licensed doctor if the family doctor is
Parent/Guardian Name:		
	authorizing photos to	be taken for use by the Service Unit.)
Name:		Phone:
		Phone:
Medical Info:		
Doctor's Name:		Phone:
Any known allergies or other medi	cal concerns:	