



## Registration to be in a Girl's Circle

Girl's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Girl's address \_\_\_\_\_

Girl's phone: \_\_\_\_\_ Girl's email: \_\_\_\_\_

*Parent(s) name(s):*

\_\_\_\_\_

*Parent(s) email address(es) and snail mail address(es):*

\_\_\_\_\_

*Parent(s) telephone number(s)*

\_\_\_\_\_

*To be filled out by the girl using as much paper as needed:*

What draws you to the Rose Circle?

What do you hope to receive by sitting in a circle with other girls?

What are your interests; in school, at home, with friends, hobbies, activities?

Do you know other girls who are registering that you want to be in circle with?

Names \_\_\_\_\_

Is there anything else you would like to share?

**Send the Completed Registration Form to:  
The Rose Circle  
P.O. Box 116  
Talent, OR 97540**