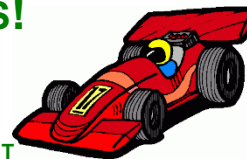


# GIRL SCOUTS: START YOUR ENGINES!

GIRL SCOUTS OF NORTHERN CALIFORNIA

OAKLAND SERVICE UNIT AND GIRL SCOUT TROOP #31765 PRESENT



## 18<sup>TH</sup> ANNUAL GIRL SCOUT PINEWOOD DERBY 2023

**SATURDAY, FEBRUARY 4, 2023 3:00-6:00 PM**

**PIEDMONT COMMUNITY CHURCH, 10 HIGHLAND WAY, PIEDMONT, CA**

3:00 PM DAISIES      3:45 PM BROWNIES      4:30 PM FAMILY/SIBLINGS  
4:45 PM JUNIORS      5:30 PM CADETTES & UP

**CAR PURCHASE INCLUDES CAR-MAKING WORKSHOP JANUARY 22, 2023  
1-4PM PIEDMONT MIDDLE SCHOOL ROOM 125  
740 MAGNOLIA AVE, PIEDMONT, CA**

**PRACTICE SESSION: SATURDAY, JANUARY 28, 2023 10-12AM  
AT PIEDMONT COMMUNITY CHURCH, 400 HIGHLAND AVE, PIEDMONT, CA**

**CARS MUST BE PURCHASED FROM TROOP #31765 NO LATER THAN JAN 29, 2023  
CARS KIT COST IS \$20 AND EACH KIT INCLUDES CAR-MAKING WORKSHOP, PATCH, CERTIFICATE.  
SERVICE UNIT OPPORTUNITY FUND AVAILABLE FOR THIS EVENT.**

**CARS ARE AVAILABLE AT WORKSHOP OR: 144 WOODLAND WAY, PIEDMONT, CA (BOX ON FRONT PORCH).  
BRING COMPLETED REGISTRATION FORM AND CHECK (GS TROOP 31765) FOR \$20 PER KIT  
WE WILL FOLLOW COVID COUNTY AND DISTRICT REQUIREMENTS IN PLACE AT TIME OF EVENT.**

**IMPORTANT: PARTICIPATING CARS MUST BE MADE IN 2023 FROM CAR KIT PURCHASED FROM TROOP #31765  
& MUST MEET PINEWOOD DERBY RULES.**

**FOR QUESTIONS, TROOP REGISTRATION/KIT DELIVERY OR TO MAKE ONLINE PAYMENT:  
E-MAIL EWIESBROCK@GMAIL.COM, 510.853.0773.**

**THIS IS A MONEY EARNING EVENT ALL PROCEEDS WILL GO TO TROOP#31765 TRIP FUND.**

**RACER NAME:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Troop#** \_\_\_\_\_ **School** \_\_\_\_\_

**(circle one) Daisy, Brownie, Junior, Cadette/Senior, Sibling/Friend**

**ADDRESS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail (print legibly)** \_\_\_\_\_

**Troop Leader** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### REQUIRED PARENT/GUARDIAN PERMISSION FORM:

My child \_\_\_\_\_ has permission to participate in 2023 Pinewood Derby Race Day, Practice Day and Car-making Workshop event.

Emergency contact name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_