Girl Scouts

Girl Scout Council of Northwest Georgia

Troop Information Roster 200__

Complete and return with Troop Registration

Service Unit________________Troop #_______

Leader___________________________________

Address__________________________________

City & Zip________________________________

Phone # H_________________W____________

Asst. Leader______________________________

Address__________________________________

City & Zip________________________________

Phone # H_________________W____________

List School(s) and Number of Girls in Each Grade Level at Each School(s)				
School(s)	Pre-K	Grade 1-3	Grade 4-5	Grade 6-12

Campaign Rep Phone: Cookie Chair Phone:

Meeting Time:________________ Place:____________________________

Girl's Name, Address, Phone #, E-Mail Address	Mother's Name, Work Phone #, Position, Employer, Address	Father's Name, Work Phone #, Position, Employer, Address

Make four copies: 1st Copy–Membership Specialist 2nd Copy-SUD 3rd Copy-Troop 4th Copy-Cookie Chair/Campaign Representative

updated 4/2007 CIM