

Girl Record

Name _____ ID# _____ Date of Birth _____

Address _____ Phone # _____
Area Code

E-Mail Address _____

Changed Address _____ Phone # _____
Area Code

Changed Address _____ Phone # _____
Area Code

Parent's or guardian's name(s): _____

Any health condition that might limit or affect participation in Girl Scout activities _____

Date Form Completed:

Date revised:

Registration Record*

Registration date	Expiration date (year)	Registration			Troop/group number	Age level	School		Age	Date of last health examination
							Name	Grade		
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Reason for leaving Girl Scouting _____ Date _____

Camping Experience <small>(Most of this information should be secured from the girl)</small>				Girl Scout Service Record
Year	Name of camp	Type of camp**	Total days attended	List here service given

*Council sponsored camps, resident, day, or established camp

IMPORTANT

This record should be forwarded as the leadership of the troop/group changes, when the girl transfers from one troop/group to another, or to the council if the girl drops out of Girl Scouting.

