



Girl Scouts.

Girl Scout Council of the Nation's Capital
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S711

TROOP INFORMATION

ASSN-SU: _____ Troop/Group #: _____ Registration: _____

Program Level: _____ Grades: _____

Meeting Place: _____ Day: _____ Time: _____

Schools girls attend: _____

Bank: _____ Account #: _____

Names on account: _____

Number of Girls Registered: _____ Number of Girls Willing to Take: _____

Leader's Name: _____

Email: _____

Address: _____

Phone: _____

_____ 001 _____ 002 _____ Program
mo/yr mo/yr mo/yr Level

Application Process Complete

Other: _____

Email: _____

Address: _____

Phone: _____

Leader's Name: _____

Email: _____

Address: _____

Phone: _____

_____ 001 _____ 002 _____ Program
mo/yr mo/yr mo/yr Level

Application Process Complete

Other: _____

Email: _____

Address: _____

Phone: _____

First Aider: _____

Email: _____

Address: _____

Phone: _____

_____ FA _____ CPR
mo/yr mo/yr

Camp: _____

Email: _____

Address: _____

Phone: _____

_____ 212 _____ 214 _____ Other
mo/yr mo/yr mo/yr

SHARE: _____

Email: _____

Address: _____

Phone: _____

Cookie: _____

Email: _____

Address: _____

Phone: _____

QSP: _____

Email: _____

Address: _____

Phone: _____