

GIRL'S RECORD

Date Form Completed _____
Date Revised _____
Date Revised _____

(*This record is kept by the troop/group leader/advisor or assistant leader/advisor. This information 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 girl drops out of Girl Scouting)

Name _____ ID # _____ Date of birth _____
(Month) (Year)

Address _____ Phone number _____
(Street and Number) (Apt no.) (City/Town) (State) (Zip) (area code)

Changed Address _____ Phone number _____

Changed Address _____ Phone number _____

Parent/Guardian's name (s) _____

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

Registration Record

Registration Date	Expiration Date (year)	Registration		Troop/Group Number	Age Level	School		Age	Date of Last Health Examination
		New	Rereg.			Name	Grade		
	10/								
	10/								
	10/								
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	10/								
	10/								
	10/								
	10/								

Reason for leaving Girl Scouting _____ Date _____

Camping Experience

(Most of this information should be secured from the girl)

Girl Scout Service Record

List here service given

Year	Name of camp	Type of camp**	Total days attended	

