TROOP COMMITTEE/TROOP SUPPORT TEAM MEMBER'S REGISTRATION, TRAINING AND SERVICE RECORD

Name: _____ ID#: _____

Address: _____ Telephone #: _____
(Street and number) (Apt. No.) (City/Town) (State) (Zip code) (area code)

Changed address: _____ Telephone #: _____
(area code)

Occupation: Present: _____ Previous: _____

Ways member would like to help: _____

_____

Date first registered in Girl Scouting: _____

Left troop committee/troop support team: Date: _____ Reason: _____

REGISTRATION RECORD

Registration Date	Membership Expiration Date (Year)	Position Held	Adult Position Code	Troop or Group
	10/			
	10/			
	10/			
	10/			
	10/			
	10/			

GIRL SCOUT TRAINING RECORD:

Date	Name of Course* or Other Type of Training	Place	Facilitator	Number of Hours

EXPERIENCE WITH OTHER ORGANIZATIONS:

*Star courses taken at national educational opportunities.

OVER

SPECIALTIES:

HISTORY OF MEMBERSHIP IN GIRL SCOUTING*:

Dates	Position Held	Adult Position Code	Troop/Group Number (Where Applicable)	Name of Council or Other Affiliation

SERVICES RENDERED TO TROOP/GROUP:

Date	

*Include Girl Scout affiliations not noted on reverse of form.

IMPORTANT: This record should be forwarded as the leadership changes or to the Council if the troop committee, troop support team member drops out of Girl Scouting.