GIRLSCOUTS

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

(This record is kept by the troop leader, or chairman of troop committee/troop support team.)

Name _____ ID# _____

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

Changed address _____ Telephone number _____
(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 (state year)	Position Held	Adult Position Code	Troop or Group
	10/			
	10/			
	10/			
	110/			
	10/			
	110/			

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.

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