

Girl's Record

This record is kept by the troop leader, assistant troop leader, or group coordinator.

Name: _____ ID#: _____ DOB: _____

Address: _____ Phone: _____

Parent/Guardian name(s): _____

Any health conditions that might limit or affect participation in Girl Scout activities?

REGISTRATION RECORD

Reg. Date	Exp. Date	New	Rereg Same	Rereg Diff	Troop/Group	Age Level	School Name	Grade	Age	Date of last health exam
	10/05									
	10/06									
	10/07									
	10/08									
	10/09									
	10/10									
	10/11									

Reason for leaving Girl Scouting: _____

Date: _____

CAMPING EXPERIENCE

Year	Camp Name	Type of camp	Total days attended

Girl Scout Service Record

IMPORTANT!

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

Name of girl: _____

LEADERSHIP EXPERINCES

Year	Position

Girl Scout Events Attended

Year	Event

Girl Scout Trips Taken

Year	Trip

TRAINING TAKEN

Year	Training

Date form completed: _____

Date revised: _____