



Girl Scout Council of the Nation's Capital
 4301 Connecticut Avenue, N.W.
 Washington, D.C. 20008
 PHONE (202)-237-1670 (800)-523-7898
 FAX (202)-274-2161
 EMAIL info@gscnc.org

Date form completed _____

Date revised _____

(Most of the information for this section may be copied from the girl's application or parent consent form)

Girl's Record

Name _____ ID# _____ Date of Birth _____
(month) (year)

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

Changed Address _____ Telephone _____
(area code)

Changed Address _____ Telephone _____
(area code)

Parent's or guardian's name(s) _____

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

Registration Record* (most of this information may be copied from the Troop/Group Member Registration Roster. form 33)

Registration date	Expiration date (year)	Registration			Troop/group number	Age level	School		Age	Date of last health examination
		New	Rereg. same	Rereg. diff.			Name	Grade		
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									
	10/									

Reason for leaving Girl Scouting _____ Date _____

Camping Experience

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

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

Girl Scout Service Record

List here service given

*The entries for this registration record should correspond to the entries made on the Troop/Group Membership Registration Roster.
 **Core, day, or established camp.

IMPORTANT

This record or a copy of it should be forwarded as the leadership of the troop changes. This record is the property of the troop/group to which the record applies, and it is not the property of the person who keeps the record.

