

Girl Scout Council of the Nation's Capital  
**TROOP REGISTRY**

To be filed with the service unit manager by \_\_\_\_\_  
(Date is set by SUM)

Area \_\_\_\_\_ Association \_\_\_\_\_ S.U. \_\_\_\_\_ Troop Number \_\_\_\_\_

Leader(s) \_\_\_\_\_ Total years registered in Girl Scouting (Girl & Adult) \_\_\_\_\_

_____	_____
_____	_____
_____	_____

**TROOP LEADERS**

Are you staying in the leadership capacity with your present troop next year? YES \_\_\_\_ NO \_\_\_\_

**If NO, please answer the following questions.**

**Retiring Leaders**

A. Will you be with the troop in a different position? YES \_\_\_\_ NO \_\_\_\_  
If YES, specify \_\_\_\_\_

B. Has a leadership replacement made a commitment? YES \_\_\_\_ NO \_\_\_\_

1. Who? Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

2. If NO, is an effort being made to find a replacement? \_\_\_\_\_

C. We need to know where all of your troop supplies, equipment, and records will be kept. Please list all parties having any troop property. Prepare an inventory.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Has \_\_\_\_\_ Has \_\_\_\_\_

Attach an additional sheet with the inventory.

**Retiring Leaders (Continued)**

D. If you have any problems with the storage of your troop property or someone to leave in charge of accounts, please advise service unit manager or field director.

E. Would you be interested in taking another troop at another level? YES \_\_\_\_ NO \_\_\_\_  
If YES, what level?

Daisy \_\_\_\_ Brownie \_\_\_\_ Junior \_\_\_\_ Cadette \_\_\_\_ Senior \_\_\_\_

F. Would you be interested in a position other than troop leadership? YES \_\_\_\_ NO \_\_\_\_  
If YES, what position(s) would you like? \_\_\_\_\_

G. Co-Leadership/Assistant Leadership

1. Identify present assistants planning to remain with the troop next year.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

H. Please list volunteers joining the troop leadership team:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

I. Please list below any suggestions you might have for strengthening our troop program.

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THANKS!

**Membership 8/03**