



Girl's Record

Date form completed _____ Date revised _____

(This record is kept by the Girl Scout troop leader, assistant leader or group coordinator)

Girl's Name _____ ID# _____ Date of birth: ____/____/____

Address _____ City _____

State _____ Zip _____ Home Phone: _____

Change – Address _____ City _____

State _____ Zip _____ Home Phone _____

Parents/Guardians Name(s) _____ Phone _____

_____ Phone _____

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

Registration Record (Most of this information can be requested from the Council Registrar.)

Registration date	Expiration Date (year)	Registration		Troop/Group number	Gr. level	School		Age	Date of last health exam
		New	ReReg			Name	Grade		
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								
	9/30/								

Reason for leaving Girl Scouting _____ Date _____

Girl Scout Journey Series Completions		Girl Scout Service Record
Year	Series Title	List here the service given

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

--	--	--	--
