TROOP ROSTER

Girl Scouts®
Where Girls Grow Strong℠

School_____

Meeting Place_____

Meeting Time_____

Meeting Day_____

Troop #_____Level_____ Date Troop Registered_____

LEADERS:

Name	Address	Telephone #	Years in Girl Scouting (girl and adult)
Contact Leader:_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GIRL SCOUTS:

Name	Mom's Name	Dad's Name	Grade	Birth Date	Address	Telephone #

GIRL SCOUTS:

Name	Mom's Name	Dad's Name	Grade	Birth Date	Address	Telephone #