

Girl Scout Emissary Information Sheet
Sybaquay Council



Name: _____

Address: _____

Daytime Phone Number: _____ **Age:** _____

Level: ____ GS Daisy ____ GS Brownie ____ GS Junior ____ GS Cadette
____ GS Senior ____ GS Ambassador ____ GS Gold Award Recipient ____ Adult Member

Years in Girl Scouting: _____ **Troop # if applicable:** _____

E-mail address: _____

Do you own a Girl Scout vest or sash? _____

I'd like to represent Girl Scouts - Sybaquay Council in the media because:

Yes! you have my permission to be photographed, videotaped or interviewed for promoting Girl Scouts and raising community awareness through local media and council publications.

Signed: _____ **Date:** _____

(If under 18, parent/guardian permissions required)
Yes! My Girl Scout has my permission to be photographed, videotaped or interviewed for promoting Girl Scouts and raising community awareness through local media and council publications.

Parent/Guardian Name: _____

Signature: _____
(If under 18, parent/guardian permissions required)

Please note: If asked and agree to participate in a local media event, transportation will be the responsibility of Girl Scout or Girl Scout's parent/guardian.