

# 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.