



Girl Scouts Central Maryland
 4806 Seton Drive
 Baltimore, MD 21215-3247
 T 410 358.9711, 800 492.2521
 F 410 358.9918
 www.gscm.org

GIRL'S RECORD

Date form completed _____
 Date revised _____ (Most of the information for this section may be copied from the girl's application or parent consent form)

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

Name _____ ID # _____ Date of birth _____

Address _____ Telephone # _____

Changed address _____ Telephone# _____

Changed address _____ Telephone# _____

Parent's or guardian's name(s): _____

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

Registration Record* (Most of this information may be copied from the Troop/Group Membership Registration Roster)

| Registration date | Expiration Date (year) | Registration | | | Troop/Group # | Grade Level | School Name | Grade | Age | Date of last health exam |
|-------------------|------------------------|--------------|------------|-------------|---------------|-------------|-------------|-------|-----|--------------------------|
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Reason for leaving Girl Scouting _____ Date _____

| Camping | | | | Girl Scout Service Record | |
|--|--------------|-----------------|---------------------|---------------------------|--|
| Experience (most of this information should be secured from the girl) | | | | List here service given | |
| Year | Name of Camp | Type of camp ** | Total Days Attended | | |
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*The entries for this registration record should correspond to the entries made on the Troop/Group Membership Registration Roster

** Core, day, or established camp

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.

(Over)

