



Girl Scouts of Greater Chicago and Northwest Indiana

Vernon Hills Regional Service Center
 650 N. Lakeview Parkway, P.O. Box 8116
 Vernon Hills, IL 60061-8116
 T 847-573-0500 F 847-573-0400
 www.girlscoutsgcnwi.org

For Office Use Only: Date form completed: _____
Date revised: _____

Girl Record

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

Name _____ ID # _____ Date of birth _____

Address _____ Telephone number _____

City _____ State _____ Zip _____

Changed address _____ Telephone number _____

Changed City _____ State _____ Zip _____

Parent or guardian name(s): _____

Registration Record

Registration date	Expiration date (year)	Troop number	Age level *	School		Age	Health History up to date	
				Name	Grade		Yes	No
	10/							
	10/							
	10/							
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	10/							
	10/							
	10/							
	10/							

Reason for leaving Girl Scouting _____ Date _____

*(D) Daisy, (B) Brownie, (J) Junior, (C) Cadette, (S) Senior, (A) Ambassador

Camping Experience

(Most of this information should be secured from the girl)

Year	Name of camp	Type of camp **	Total days attended

IMPORTANT

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

** (DC) Day Camp, (RC) Resident Camp, (TC) Troop Camp

