Girl Scouts of Western New York, Inc.

GIRL RECORD (This record is kept by the troop leader.)

Name: _____ ID#: _____ Date of Birth: _____

Address: _____ Phone #: _____

Parent's or Guardian's Name(s): _____

REGISTRATION RECORD (Most of this information may be copied from the Troop Membership Registration Roster.)

Registration Year	Troop Number	Scouting Level	School Name	Grade	Age	Date of Last Health Exam
		Daisy		K		
		Daisy		1		
		Brownie		2		
		Brownie		3		
		Junior		4		
		Junior		5		
		Cadette		6		
		Cadette		7		
		Cadette		8		
		Senior		9		
		Senior		10		
		Ambassador		11		
		Ambassador		12		

Reason for leaving Girl Scouting: _____ Date: _____

CAMPING EXPERIENCE					
Year	Name of Camp	Total Days Attended	Year	Name of Camp	Total Days Attended

LEADERSHIP EXPERIENCE					
Year	Position	Year	Position	Year	Position

GIRL SCOUT EVENTS AND TRIPS ATTENDED (Intertroop group, council, national, international)					
Year	Event or Trip	Year	Event or Trip	Year	Event or Trip

TRAINING TAKEN (CPR, CIT, LIT, PA, etc.)					
Year	Training	Year	Training	Year	Training