



# Girl Scouts®

Western New York  
[www.gswny.org](http://www.gswny.org)  
**Troop/Group Status Report**

Service Unit: _____	Troop No.: _____	Date: _____
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**Leader/Co-Leader/Assistant Leader Status:**

Name & Address	Telephone	Continuing Next Year?	If Yes, What Position?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Girl Status:**

✓ *check one:*

Name & Address	Telephone	Grade (In Sept.)	Fly-Up or		
			Remain	Bridging	Drop
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Name & Address	Telephone	Grade (in Sept.)	Remain	Fly-Up or Bridging	Drop
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
		<b>Totals:</b>			

Number of girls left in troop \_\_\_\_\_

Will you accept new girls? If so, how many? \_\_\_\_\_