Troop Committee/Troop Support
Team Member's Registration, Training and Service Record

(This record is kept by the troop leader or chairman of troop committee troop support team.)

Name _____ ID#_____

Address_____ Telephone # _____
(Street and Number) (City/Town) (State) (Zip Code)

Changed Address _____ Telephone # _____

Occupation: Present _____ Previous _____

Ways member would like to help: _____

_____

Date first registered in Girl Scouting: _____

Left troop committee/troop support team – Date: _____ Reason: _____

Registration Record

Registration Date	Membership Expiration Date (state year)	Position Held	Adult Position Code	Troop or Group
	10/			
	10/			
	10/			
	10/			
	10/			
	10/			

Girl Scout Training Record

Date	Name of Course * or Other Type of Training	Place	Facilitator	Number of Hours

Experience with other Organizations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

*Courses taken at national educational opportunities.

(over)

Specialties

_____
_____
_____
_____
_____
_____
_____
_____

History of Membership in Girl Scouting *

Dates	Position Held	Adult Position Code	Troop/Group # (Where Applicable)	Name of Council or Other Affiliation

Services Rendered to Troop/Group

Date	

*Include Girl Scout affiliations not noted on reverse of form.