



TROOP INFORMATION ROSTER

20_____

Complete and return with Troop Registration

Service Unit _____ Troop # _____

Leader _____

Address _____

City & Zip _____

Phone # H _____ W _____

Asst. Leader _____

Address _____

City & Zip _____

Phone # H _____ W _____

List School(s) and Number of Girls in each level at each school(s)					
School(s)	D	B	J	C	S

Cookie Chair: Phone _____

Campaign Rep: Phone _____

Meeting Time: _____

Place: _____

Girl's Name Address/Phone Number	Mother's Name/Work Phone # Position/Employer/Address	Father's Name/Work Phone # Position/Employer/Address

Note: Make four copies of this form.

1st Copy-Field Exec.

2nd Copy-SUD

3rd Copy-Troop

4th Copy-Cookie Chair/Campaign Rep.