

Diamond Crest 2009-2010 Troop Leadership Form

Troop # _____
School _____
Level: D BR JR CAD SR AMB

The following information is required in order to complete the Diamond Crest Girl Scout troop roster and to update our email list. Please print clearly or download and type.

LEADER		ASSISTANT or CO-LEADER *	
Name		Name	
Address		Address	
City/Zip		City/Zip	
Phone		Phone	
E-Mail		E-Mail	

ASSISTANT or CO-LEADER *		ASSISTANT or CO-LEADER *	
Name		Name	
Address		Address	
City/Zip		City/Zip	
Phone		Phone	
E-Mail		E-Mail	

FALL SALES MANAGER		COOKIE MANAGER	
Name	N/A	Name	To Follow
Address		Address	
City/Zip		City/Zip	
Phone		Phone	
E-Mail		E-Mail	

*Circle one – this is how they will be listed on the roster

REMINDER: Adults in leadership positions, or working with girls, including cookie & fall sales managers, must be registered Girl Scouts.

Troop meeting place: _____

Meeting day: _____ Meeting time: _____

Total # girls in troop: _____

girls at each grade level: K___ 1___ 2___ 3___ 4___ 5___
6___ 7___ 8___ 9___ 10___ 11___ 12___

PLEASE INCLUDE THIS FORM WITH YOUR REGISTRATION PAPERWORK *or*
MAIL TO: Service Unit Director, Michele Carlsen
(see address and contact information in *Members Only* area)
If any information is unknown, please leave blank.