

Please complete this form and attach the bank deposit slip and receipt for the total amount of dues and contributions for the attached girl and/or adult forms only. All forms (Girl/Adult Registration, Membership Dues Summary, and Troop Worksheet) must be given to your Service Unit Registrar.

**** If registering additions to the troop/group, please fill out Sections 1, 4, 7 & 8 only ****

PLEASE CHECK ONE: **SPRING REGISTRATION** **FALL REGISTRATION**

Council Code	Service Unit	Troop Number	Neighborhood No	CHECK ONE
636	_____	_____	_____	<input type="radio"/> New Troop <input type="radio"/> Re-registering Troop <input type="radio"/> Additions

1. Leader Name: _____ **Position:** (check one) **Volunteer** **Council Staff**
 Is this a change of Leaders? Yes No Is this a Co-op Troop? Yes No
 Is the leader a Lifetime member? Yes No Leader is already registered with troop #: _____

2. Check the one term that best describes the primary way in which these girls participate:
 Troop Interest Group Program Center/Facility Outreach Troop
 Event Camp Individual Other: _____

3. Meeting frequency: (check one)
 Weekly Every Other Week Monthly 1-3 Times Annually Other: _____

4. Please check one grade level that represents the majority of the girls who are registering now:
 Grades K-1 (Daisy) Grades 4-5 (Junior) Grades 9-10 (Senior)
 Grades 2-3 (Brownie) Grades 6-8 (Cadette) Grades 11-12 (Ambassador)

5. Type of meeting place: (check one)
 Public Facility Home School Religious Building
 Other Organization Facility Council Facility Other: _____

6. Meeting day and location:
 Location Name: _____ Day: _____ Time: _____
 Address: _____ City/State/Zip: _____

7. Number of Girl Registrations: _____ Number of Adult Registrations: _____ Number of New Lifetime Members: _____ Total Number of Registrations: _____	Dues (at \$12/member) \$ _____ Financial Aid \$ _____ Lifetime Dues \$ _____ Family Partnership \$ _____ Total \$ _____	Cash \$ _____ Check \$ _____ Credit Card \$ _____ Cookie Credit \$ _____
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8. Racial and Ethnic Information (Please indicate numbers for each)	Service Unit Registrar Complete Box Below																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7">Racial Background</th> <th colspan="2">Ethnic Background</th> </tr> <tr> <th></th> <th>American Indian or Alaskan Native</th> <th>Asian</th> <th>Black or African American</th> <th>Hawaiian or Pacific Islander</th> <th>White</th> <th>Un-reported</th> <th>Not Hispanic</th> <th>Hispanic</th> </tr> </thead> <tbody> <tr> <td>Girls</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Adults</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="font-size: small; text-align: center;">Because people may fall into more than one category, your totals may be more than the number of girls and adults registering.</p>	Racial Background							Ethnic Background			American Indian or Alaskan Native	Asian	Black or African American	Hawaiian or Pacific Islander	White	Un-reported	Not Hispanic	Hispanic	Girls									Adults									Stamped Bank Deposits \$ _____ Credit Card Charges \$ _____ Cookie Credit \$ _____ TOTAL FROM TROOP \$ _____ Date Submitted to Council: _____ SU Registrar Initials: _____ CDD Initials: _____
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