

Please complete this form and attach payment for the total amount of dues and completed member registration forms. Please be sure to note any additional payments or contributions in the space provided below and return to your local council representative.

Complete (if known)

Expiration 9/30/ .....

Council Code	Troop Number	Report Code	Registration Area
.....	..... <input type="radio"/> New <input type="radio"/> Reregistering	.....	.....

Check the one term that best describes the primary way in which these girls participate:

- |                             |                                      |   |                                 |
|-----------------------------|--------------------------------------|---|---------------------------------|
| <input type="radio"/> Troop | <input type="radio"/> Interest Group | <input type="radio"/> Program Center/Facility | <input type="radio"/> In School |
| <input type="radio"/> Event | <input type="radio"/> Camp           | <input type="radio"/> Individual              | <input type="radio"/> Other     |

Program duration: (check one)

- 8-12 months   
  4-7 months   
  1-3 months   
  1-4 weeks   
  6 days or less

Program frequency: (check one)

- Daily   
  Weekly   
  Every Other Week   
  Monthly   
  1-3 times Annually

Please check one grade level that represents the majority of the girls that are registering now.

- pre K-grade 1 (Daisy)   
  grade 1-3 (Brownie)   
  grade 3-6 (Junior)   
  grade 6-12

Type of meeting place: (check one)

- |  |   |                                 |   |
|--|---|---------------------------------|---|
| <input type="radio"/> 1. Public Facility             | <input type="radio"/> 2. Home             | <input type="radio"/> 3. School | <input type="radio"/> 4. Religious Building |
| <input type="radio"/> 5. Other Organization Facility | <input type="radio"/> 6. Council Facility | <input type="radio"/> 7. Other  |   |

Meeting day and location

Day ..... Time .....

Name of Meeting Place .....

Address .....

Number of girl registrations attached ..... Total registrations at \$10 .....

Number of adult registrations attached ..... Total amount of dues attached \$ .....

Contributions received \$ .....

Other \$ .....

Total \$ .....

Position: (check one)

- Volunteer Leader/Adviser   
  Council Staff

Name .....

Address .....

ID Number ..... Telephone Number ( ) .....