

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:

- Troop
 Interest Group
 Program Center/Facility
 In School
 Event
 Camp
 Individual
 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.

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

Type of meeting place: (check one)

1. Public Facility
 2. Home
 3. School
 4. Religious Building
 5. Other Organization Facility
 6. Council Facility
 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 ()