

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.

- pre 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 (.....) .....