Farthest North Girl Scout Council
Troop Roster

DATE: _____

United Way Member Agency

Girl Scouts®

_____ _____ _____ _____
TROOP # SERVICE UNIT TOTAL GIRLS TOTAL ADULTS

_____ _____ _____
AGE LEVEL TIME, DAY, PLACE OF MEETING TROOP SPONSOR

_____ _____
LEADER'S NAME ADDRESS

_____ _____ _____ _____
HOME PHONE WORK PHONE EMAIL ETHNIC*

_____ _____
ASSISTANT LEADER'S NAME ADDRESS

_____ _____ _____ _____
HOME PHONE WORK PHONE EMAIL ETHNIC*

_____ _____
TROOP BANK ACCOUNT # LOCATION

TROOP COMMITTEE/ADULTS:

NAME	POSITION	ADDRESS/CITY	PHONE	ETHNIC*

GIRLS:

NAME	ADDRESS/CITY	PHONE	SCHOOL	GRD	ETHNIC*

***Please add the Ethnic code to the box. This is important information that the Girl Scout Council needs for funding purposes. Information is kept confidential. If membership form does not contain input on ethnicity, providing a visual assessment is appropriate.**
Racial Background: __American Indian or Alaska Native __Asian ___Black or African American ___Hawaiian or Pacific Islander ___ White ____ other (specify_____)
My Ethnic background is: (please check on) ___Hispanic or Latino ____Not Hispanic or Latino