Girl Scouts®
Girl Scouts of Minnesota and Wisconsin
Lakes and Pines

Troop/Group Roster

Membership Year_____

SU #_____ Troop #_____

Level_____

Meeting Place_____

Day of the week_____

Time_____ ☐am ☐pm

Troop/Group Leader_____
Address_____
City/State/Zip_____
Phone # (_____)_____home (_____)_____cell

Co-Leader/Asst. Leader_____
Address_____
City/State/Zip_____
Phone # (_____)_____home (_____)_____cell

Date Reg. In	Girl's Name	Address City/State/Zip	Phone #	Parent/Guardian Name(s)	Grade	School Name

(Please give a copy to your membership staff person - You can use this form or type your own.) GSMWLP 3/09 #38/10