Farthest North Girl Scout Council
Troop Roster

DATE: _____

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