

Check one: New Member Reregistering Troop/Group Number _____ OC Name _____

Please Select Level

GIRL INFORMATION

Name: First _____ Middle _____ Last _____

Mailing Address: _____

Home Phone: _____ (____) _____
Girl E-Mail Address: (if girl is 13 and up, otherwise use family email address)

- Daisy (K - 1st)
- Brownie (2nd - 3rd)
- Junior (4th - 5th)
- Cadette (6th - 8th)
- Senior (9th - 10th)
- Ambassador (11th - 12th)
- Juliette

DEMOGRAPHICS

Date of Birth: (mm/dd/yy) ____/____/____ School Grade: _____

Number of years as Girl Scout: _____ School Name: _____

Custodial care: (check one) Both Parents Mother/Guardian 1* Only Father/Guardian 2** Only Other _____

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following optional questions, you can help ensure community support and funding for Girl Scouts in your community. This information is used for statistical purposes only. Thank you for providing the information requested.

She is: (check all that apply)

American Indian or Alaskan Native Asian Black or African American

Hawaiian or Pacific Islander White Other (please specify) _____

She is Hispanic or Latina: Yes No

The Girl Scout Promise

On my honor, I will try:
To serve God* and my country,
To help people at all times,
And to live by the Girl Scout Law.

*the word "God" can be interpreted in a number of ways, depending on one's spiritual beliefs. When reciting the Girl Scout Promise it is acceptable to replace the word "God" with whatever word your spiritual beliefs dictate.

The Girl Scout Law

I will do my best to be:
Honest and fair,
Friendly and helpful,
Considerate and caring, courageous
and strong, and responsible for what I
say and do,
and to
Respect myself and others,
Respect authority,
Use resources wisely, make the world
a better place, and be a sister to every
Girl Scout.

PARENT/GUARDIAN 1

Address is same as girl

Parent/Guardian 1* Name: First _____ Middle _____ Last _____

Mailing Address: (if different from girl) _____

Employer: _____ Occupation: _____ Position: _____

Home Phone: _____ (____) _____ Cell Phone: _____

Business Phone: _____ E-Mail Address: _____

Please indicate your primary purpose for living overseas. (Mark only one)

- Army
- Navy
- Marines
- Coast Guard
- Air Force
- Corporate
- Missionary
- Diplomat/Embassy
- DoD Civilian
- Educational Institution
- Permanent Resident
- Other (Please specify) _____

PARENT/GUARDIAN 2

Address is same as girl

Parent/Guardian 2** Name: First _____ Middle _____ Last _____

Mailing Address: (if different from girl) _____

Employer: _____ Occupation: _____ Position: _____

Home Phone: _____ (____) _____ Cell Phone: _____

Business Phone: _____ E-Mail Address: _____

PERMISSION

We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has permission to join Girl Scouts.

Signature of Parent/Guardian _____ Date _____

Please contact me about volunteering with the local Girl Scouts. I understand there is a wide variety of opportunities and they can be weekly, monthly, special assignments or as needed. I'd like to learn more.

*When participating in Girl Scout activities the registrant may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Committee or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Committee or Girl Scouts of the USA.

I DO NOT give permission for the registrant to be photographed, videotaped or otherwise electronically imaged.

PAYMENT/DONATION

YES! I would like to make a donation today that directly benefits girls in our area. Enclosed is my tax-deductible donation in the amount of: (check one)

\$250 \$200 \$150 \$100 \$75 \$50 \$25 Other \$ _____

Thank you for your support of Girl Scouts!

PAYMENT METHOD (NO OTHER METHOD OF PAYMENT ACCEPTED)

Cash Check (payable to USAGSO-WP) Visa MasterCard

Name on Credit Card _____	***GSUSA Member Dues \$ _____
Credit Card# _____ - _____ - _____ - _____	Donation \$ _____
Exp. Date _____	Total \$ _____
Signature _____ Date _____	

For Volunteer or Office Use Only:
(check if applicable)

- VS Category #1
- VS Category #2
- Council Code 700
- Trp/Grp # _____
- OC Code _____