

**GIRL SCOUT MISSION**

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

**COUNCIL USE ONLY**

Summary/Receipt #:

Batch Date:

Batch #:

Program Name:

Start Date:

Location Address:

TROOP	SERVICE UNIT

**COMPLETED BY**

**Form completed by:** (check one)     Volunteer     Staff

---

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
( \_\_\_\_\_ )

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

---

**Meeting Frequency** (Check one):

Daily     Weekly     Every other week     Monthly     1-3 times annually

---

**Grade Level:**

Grade K-1 (Daisy)     Grades 6-8 (Cadette)     Multi-Grade  
 Grades 2-3 (Brownie)     Grades 9-10 (Senior)  
 Grades 4-5 (Junior)     Grades 11-12 (Ambassador)

**Annual / Extended Year Registrations:**

# of Girls Annual: \_\_\_\_\_ (x \$65 each)= \_\_\_\_\_    Total Amount of Fees: \$ \_\_\_\_\_  
# of Girls Extended: \_\_\_\_\_ (x \$96 each)= \_\_\_\_\_    Donations Received: \$ \_\_\_\_\_  
# of Adults: \_\_\_\_\_ (x \$30 each)= \_\_\_\_\_    Other: \$ \_\_\_\_\_  
# of Adults Extended: \_\_\_\_\_ (x \$42 each)= \_\_\_\_\_    **Total Amount Attached: \$ \_\_\_\_\_**

**Membership fees in Girl Scouts of the USA (GSUSA)** are not refundable or transferable.

**Lifetime Registrations:**

# of Lifetime Membership\*: \_\_\_\_\_ (x \$400 each)= \_\_\_\_\_    Total Amount of Fees: \$ \_\_\_\_\_  
# of Young Alumnae\*\*: \_\_\_\_\_ (x \$200 each)= \_\_\_\_\_    Donations Received: \$ \_\_\_\_\_  
# of Qualified Alumnae\*\*\*: \_\_\_\_\_ (x \$200 each)= \_\_\_\_\_    Other: \$ \_\_\_\_\_  
**Total Amount Attached: \$ \_\_\_\_\_**

\* An adult 18 years or older who is not a former girl member.  
\*\* Must be a former girl member between 18 to 29 years old.  
\*\*\* An adult that is a currently registered volunteer with ten or more years of service.

**Count the number of times each payment is used, and total the amount of each payment type attached:**

PAYMENT	COUNT	TOTAL AMOUNT
Cash:	# _____	\$ _____
Checks:	# _____	\$ _____
Credit/Debit Card:	# _____	\$ _____
Financial Aid:	# _____	\$ _____
Reward Card:	# _____	\$ _____

Please complete this form and attach completed member registration forms and payment for the total amount of fees. Please be sure to note additional payments or contributions in the space provided and return to your local council representative.

COMPLETED BY  
PROGRAM  
REGISTRATION FEES  
PAYMENT SUMMARY