Girl Scouts—Dakota Horizons
1101 S Marion Rd, Sioux Falls, SD 57106
605-336-2978 or 800-666-2141 Fax 605-336-6841
www.gsdakotahorizons.org

GIRL RECORD

(This record is kept by the troop/group coordinator)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____Work _____ Cell _____

Parent or Guardian Name(s) _____

List any health condition (s) that might limit or affect participation in Girl Scouting: _____

_____

REGISTRATION RECORD

Registration Date	Expiration Date/Year	Registration Year	Troop/Group Number	Grade Level	School Name Grade	School	Age	Last Health Exam

Reason for leaving Girl Scouts _____ Date _____

CAMPING EXPERIENCE

Year	Name of Camp	Type of Camp	Total Days Attended

GIRL SCOUT COMMUNITY SERVICE RECORD

IMPORTANT – This record should be forwarded as the leadership of the troop/group changes, when the girl transfers from one troop/group to another or to the council if the girl drops out of Girl Scouts.

Name of Girl _____

LEADERSHIP EXPERIENCES

Year	Position	Year	Position

GIRL SCOUT EVENTS ATTENDED **GIRL SCOUT TRIPS TAKEN**

Year	Event	Year	Event

GIRL SCOUT LEARNING OPPORTUNITIES ATTENDED

Year	Training	Year	Training

ACHIEVEMENTS (Try-its, Badges and Signs, Leadership Awards, Interest Projects, Journey's etc.)

Date	Achievements	Date	Achievements

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