

INTEREST LIST

Please share you contact info so we can follow up with you about joining or starting a Girl Scout Troop.

Caregiver First Name	Caregiver Last Name	Email Address PLEASE WRITE VERY CLEARLY	Phone Number- text OK?	Youth First Name	Zip Code	School	Grade '24-'25 yr
			Y/N				
			Y/N				
			Y/N				
			Y/N				
			Y/N				
			Y/N				
			Y/N				
			Y/N				
			Y/N				
			Y/N				

SCAN	
ME	

Event Location:	Date:	