Girl Scouts of Central & Southern NJ
40 Brace Road, Cherry Hill, NJ 08034
1.800.582.7692

Date _____

MEMBERSHIP REGISTRATION RECEIPT RECORD

Service Unit _____ Report Code _____ Registrar's Name _____ Phone _____

SU REGISTRARS PLEASE COMPLETE THIS RECORD AND RETURN WITH YOUR REGISTRATION FORMS TO COUNCIL

Troop #	Level	Date Reg.	Leader's Name	# Girls	#Adults	Total # Members	Total $ Dues (# x $10)	Total Girl Assist. (if any)	Total Actual Payment	Amt Paid Over/ Under	Meeting Place Date/Time	Ethnic/ Racial Complete

PLEASE MAKE SURE YOUR REGISTRATION FORMS ARE COMPLETE AND ACCURATE