

Girl Scouts of Southwest Texas



GROUP ROSTER & EMERGENCY INFORMATION

Service unit:		Membership year:				
Troop/group #	Level (circle all that apply):	Da Br Jr Cd Sr Am Multi-level				
Leader's name:						
Address:	City:	Zip:				
Phone: Day <u>(</u>	Evening (Other()				
Email:						
Go Team		Girl Scouts of Southwest Texas				
Contact # <u>()</u>	()	811 N. Coker Loop				
Service Unit Director		San Antonio, Texas 78216				
Contact # ()	()	210.349.2404 or 1.800.580.7247				

1. Name	Birthdate	Age
Address		
Home Phone(Grade		
Mother's Name	Work <i>#</i> ()
Father's Name	Work <i>#</i> ()
Other Contact # ()	Email:	
Alternate Emergency Contact (to be used only if n	either parent can be reache	ed):
Name	_Relationship to Child	
Contact #(s)(()()		
Special Needs/Instructions (list allergies, dietary ne	eeds, special circumstance	es, etc.)
2. Name	Birthdate	Age
2. Name Address		
	_City	Zip
Address	_City _School	Zip
AddressGrade	_City _School _Work#(Zip)
Address Home Phone <u>()</u> Grade Mother's Name	_City _School Work#(Work#(Zip
AddressGradeGrade Home Phone()Grade Mother's Name Father's Name	_City SchoolWork#()))))))))))))))))	Zip
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3. Name		Birtho	date		Age
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Home Phone <u>()</u>	_Grade	School			_
Mother's Name)	
Father's Name					
Other Contact # ()		Email:			
Alternate Emergency Contact (to b		•		-	
Name		_Relationship t	o Child		
Contact #(s) <u>(</u>)					_
Special Needs/Instructions (list alle	ergies, dietary ne	eds, special cir	cumstance	s, etc	.)
4. Name		Birtho	date		Age
Address					
Home Phone()					
Mother's Name		_)	-
Father's Name					
Other Contact # ()		Email:	_		
Alternate Emergency Contact (to b					
Name	•	•			
Contact #(s) <u>(</u>)					_
Special Needs/Instructions (list alle	ergies, dietary ne	eds, special cir	cumstance	s, etc	.)
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5. Name		Birtho	date		Age
Address		City			Zip
Home Phone()	Grade	School			- 1
Mother's Name					
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Other Contact # ()					
Alternate Emergency Contact (to b			n be reache	ed):	
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Contact #(s) <u>(</u>)		- '			
Special Needs/Instructions (list alle					.)
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6. Name		Birtho	date	Age
Address				
Home Phone <u>()</u>	Grade	School		
Mother's Name			_Work #()_	
Father's Name				
Other Contact # ()		Email:		
Alternate Emergency Contact (to b				
Name				
Contact #(s) <u>(</u>)				
Special Needs/Instructions (list alle	ergies, dietary ne	eeds, special cir	cumstances, et	
7. Name		Birtho	date	Age
Address				
Home Phone()				
Mother's Name				
Father's Name				
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Special Needs/Instructions (list alle	ergies, dietary ne	eds, special cir	cumstances, et	cc.)

9. Name		Birth	ndate		Age
Address					
Home Phone <u>()</u>					
Mother's Name			Work # <u>(</u>)	
Father's Name					
Other Contact # ()					
Alternate Emergency Contact (to be			an be reache	ed):	
Name		_Relationship	to Child		
Contact #(s) <u>(</u>)					
Special Needs/Instructions (list aller	gies, dietary ne	eds, special c	ircumstance	s, etc	.)
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Home Phone()					
Mother's Name					
Father's Name					
Other Contact # ()					
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Contact #(s)()					
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Mother's Name					-
Father's Name			Work#(-	
Other Contact # ()		Email:)	
Alternate Emergency Contact (to be		_	an be reache	ed):	
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Special Needs/Instructions (list aller		eds. special c	ircumstance	s.etc	
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12. Name		Birtho	late		Age
Address					
Home Phone <u>()</u>	_Grade	School			
Mother's Name			_Work #()	
Father's Name			_Work#()	
Other Contact # ()		Email:			
Alternate Emergency Contact (to b	e used only if ne	either parent ca	n be reache	ed):	
Name		_Relationship to	o Child		
Contact #(s) <u>(</u>)	()_				
Special Needs/Instructions (list alle	ergies, dietary ne	eds, special cire	cumstance	s, etc.)
13. Name		Birthc	late		Δαρ
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Home Phone()					-
Mother's Name					
Father's Name					
Other Contact # ()					
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15. Name		Birtho	late		_Age		
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Alternate Emergency Contact (to b	e used only if ne	either parent ca	n be reached	d):			
Name		_Relationship to	o Child				
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Special Needs/Instructions (list alle	ergies, dietary ne	eds, special cire	cumstances	, etc.)			
16. Name							
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Mother's Name							
Father's Name)			
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Contact #(s) <u>(</u>)							
Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)							
17. Name		Birtho	late		Age		
Address					-		
Home Phone()	Grade	School			J*		
Mother's Name							
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Special Needs/Instructions (list alle		ods special cir	cumstances	otc)			
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18. Name		Birthd	ate	Age			
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Home Phone <u>()</u>							
Mother's Name			Work #()			
Father's Name			_Work #()			
Other Contact # ()		_Email:					
Alternate Emergency Contact (to b							
Name		_Relationship to	Child				
Contact #(s) <u>()</u>	()_						
Special Needs/Instructions (list alle	rgies, dietary ne	eds, special circ	cumstances	s, etc.)			
19. Name		Birthd	ate	Ασρ			
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Mother's Name)			
Father's Name							
Other Contact # ()							
Alternate Emergency Contact (to b							
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Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)							
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20. Name							
Address	C a s al s	_City		Zip			
Home Phone()							
Mother's Name							
		F 1	_work <i>#</i> ()			
Other Contact # ()		_Email:					
Alternate Emergency Contact (to b		·		•			
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Special Needs/Instructions (list alle	rgies, dietary ne	eas, special circ	cumstances	s, etc.)			