



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() _____ Evening() _____ Other() _____
 Email: _____
 Go Team: _____
 Contact # () _____ () _____
 Service Unit Director _____
 Contact # () _____ () _____

Girl Scouts of Southwest Texas
 811 N. Coker Loop
 San Antonio, Texas 78216
 210.349.2404 or 1.800.580.7247

Instructions: Have each parent complete the personal information for their daughter, including any special needs or circumstances the troop adults should be aware of. Each adult working with the troop should also complete the information requested.

1. Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone() _____ Grade _____ School _____
 Mother's Name _____ Work #() _____
 Father's Name _____ Work #() _____
 Other Contact # () _____ Email: _____
 Alternate Emergency Contact (to be used only if neither parent can be reached):
 Name _____ Relationship to Child _____
 Contact #(s)() _____ () _____
 Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)

2. Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone() _____ Grade _____ School _____
 Mother's Name _____ Work #() _____
 Father's Name _____ Work #() _____
 Other Contact # () _____ Email: _____
 Alternate Emergency Contact (to be used only if neither parent can be reached):
 Name _____ Relationship to Child _____
 Contact #(s)() _____ () _____
 Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)

Troop Roster & Emergency Information continued

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<p>3. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>
<p>4. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>
<p>5. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>

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Instructions: Have each parent complete the personal information for their daughter, including any special needs or circumstances the troop adults should be aware of. Each adult working with the troop should also complete the information requested.

<p>6. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>
<p>7. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>
<p>8. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>

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Instructions: Have each parent complete the personal information for their daughter, including any special needs or circumstances the troop adults should be aware of. Each adult working with the troop should also complete the information requested.

9. Name _____	Birthdate _____	Age _____
Address _____	City _____	Zip _____
Home Phone() _____	Grade _____	School _____
Mother's Name _____	Work #() _____	
Father's Name _____	Work #() _____	
Other Contact #() _____	Email: _____	
Alternate Emergency Contact (to be used only if neither parent can be reached):		
Name _____	Relationship to Child _____	
Contact #(s)() _____	() _____	
Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)		

10. Name _____	Birthdate _____	Age _____
Address _____	City _____	Zip _____
Home Phone() _____	Grade _____	School _____
Mother's Name _____	Work #() _____	
Father's Name _____	Work #() _____	
Other Contact #() _____	Email: _____	
Alternate Emergency Contact (to be used only if neither parent can be reached):		
Name _____	Relationship to Child _____	
Contact #(s)() _____	() _____	
Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)		

11. Name _____	Birthdate _____	Age _____
Address _____	City _____	Zip _____
Home Phone() _____	Grade _____	School _____
Mother's Name _____	Work #() _____	
Father's Name _____	Work #() _____	
Other Contact #() _____	Email: _____	
Alternate Emergency Contact (to be used only if neither parent can be reached):		
Name _____	Relationship to Child _____	
Contact #(s)() _____	() _____	
Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)		

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Instructions: Have each parent complete the personal information for their daughter, including any special needs or circumstances the troop adults should be aware of. Each adult working with the troop should also complete the information requested.

<p>12. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>
<p>13. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>
<p>14. Name _____ Birthdate _____ Age _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone() _____ Grade _____ School _____</p> <p>Mother's Name _____ Work #() _____</p> <p>Father's Name _____ Work #() _____</p> <p>Other Contact # () _____ Email: _____</p> <p>Alternate Emergency Contact (to be used only if neither parent can be reached):</p> <p>Name _____ Relationship to Child _____</p> <p>Contact #(s)() _____ () _____</p> <p>Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)</p>

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Instructions: Have each parent complete the personal information for their daughter, including any special needs or circumstances the troop adults should be aware of. Each adult working with the troop should also complete the information requested.

15. Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone() _____ Grade _____ School _____
 Mother's Name _____ Work #() _____
 Father's Name _____ Work #() _____
 Other Contact # () _____ Email: _____
 Alternate Emergency Contact (to be used only if neither parent can be reached):
 Name _____ Relationship to Child _____
 Contact #(s)() _____ () _____
 Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)

16. Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone() _____ Grade _____ School _____
 Mother's Name _____ Work #() _____
 Father's Name _____ Work #() _____
 Other Contact # () _____ Email: _____
 Alternate Emergency Contact (to be used only if neither parent can be reached):
 Name _____ Relationship to Child _____
 Contact #(s)() _____ () _____
 Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)

17. Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone() _____ Grade _____ School _____
 Mother's Name _____ Work #() _____
 Father's Name _____ Work #() _____
 Other Contact # () _____ Email: _____
 Alternate Emergency Contact (to be used only if neither parent can be reached):
 Name _____ Relationship to Child _____
 Contact #(s)() _____ () _____
 Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)

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Instructions: Have each parent complete the personal information for their daughter, including any special needs or circumstances the troop adults should be aware of. Each adult working with the troop should also complete the information requested.

18.	Name _____	Birthdate _____	Age _____
	Address _____	City _____	Zip _____
	Home Phone() _____	Grade _____	School _____
	Mother's Name _____	Work #() _____	
	Father's Name _____	Work #() _____	
	Other Contact # () _____	Email: _____	
	Alternate Emergency Contact (to be used only if neither parent can be reached):		
	Name _____	Relationship to Child _____	
	Contact #(s)() _____	() _____	
	Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)		
19.	Name _____	Birthdate _____	Age _____
	Address _____	City _____	Zip _____
	Home Phone() _____	Grade _____	School _____
	Mother's Name _____	Work #() _____	
	Father's Name _____	Work #() _____	
	Other Contact # () _____	Email: _____	
	Alternate Emergency Contact (to be used only if neither parent can be reached):		
	Name _____	Relationship to Child _____	
	Contact #(s)() _____	() _____	
	Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)		
20.	Name _____	Birthdate _____	Age _____
	Address _____	City _____	Zip _____
	Home Phone() _____	Grade _____	School _____
	Mother's Name _____	Work #() _____	
	Father's Name _____	Work #() _____	
	Other Contact # () _____	Email: _____	
	Alternate Emergency Contact (to be used only if neither parent can be reached):		
	Name _____	Relationship to Child _____	
	Contact #(s)() _____	() _____	
	Special Needs/Instructions (list allergies, dietary needs, special circumstances, etc.)		