

Troop/Group Number Request Form

Volunteers who are forming a new troop/group are asked to return this form to the nearest GSMISTS Service Center. You may also send to mvp@gsmists.org. If you do not have a list of girls who plan to join your troop/group that is OK. A Council Manager will work with you to form a new troop/group.

Troop Leaders must be registered members, approved volunteers, and have taken GS 101 before a troop # is issued.

SU Name	SU#_	SU#		Registration Area	
oop Level: DBJCSA Troop Grade(s)):	School:		
Program Duration: 8-12 Mo 4-7 Mo	o Meetin	g Frequency	: Weekly	Bi-Weekly	Monthly
Meeting Day: M T W R F Sa Su		Meeting T	ime:		
*Meeting Location:		City _			
*GSMISTS encourages troops to meet in permission form to meet in the home.	a public lo	cation. If this	is not an op	otion, the troc	p leader must submit a
Adults:	Position	Phone	Email		
Girls: 			Phone	Ema 	II
Min 2 Unrelated Adults (1 approved f	or leadershi _l	p position)			
Min 5 Girls		o/Group # Ass	signed	Da	te
You need not have all interested girl/a		tional names on the n you return this forr		ay be added throug	ghout the year.
Office Use Only					
Membership / Pathway Manager Name					