

**Thank you for encouraging your girls' families to join as Adult Members!**

Please fill out the below form and return it to your GSGNY staff representative.  
We will then send you patches to distribute to your girls.



### Troop Leader Information:

\_\_\_\_\_

Troop Leader Name

\_\_\_\_\_

Troop Number

\_\_\_\_\_

Service Unit

\_\_\_\_\_

Email Address

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

### Troop Roster Information: *(list only those girls/family members who qualify for the patch incentive)*

<b>Girl's Name</b>	<b>Registering Family Member's Name</b>	<b>Patch Request (check one)</b>
1. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
2. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
3. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
4. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
5. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
6. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
7. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
8. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
9. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
10. _____	_____	<input type="checkbox"/> Patch <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year

**Return this form by December 31, 2015 to:**

**Girl Scouts of Greater New York**  
40 Wall Street, Suite 708 | New York, NY 10005

