

PAW Service Unit
Troop Information

Troop #: _____ Age Level: D Br Jr C Sr Jul Group Area: 1 2 3

Leader Name: _____ Co-Leader/Assist Name: _____

Phone #: _____ Phone #: _____

Email address: _____ Email address: _____

I have completed:

1st Aid CPR BOOT SCOOT

I have completed:

1st Aid CPR BOOT SCOOT

Who else in your troop has completed the trainings listed above?

Troop meeting place and address: _____

Meeting day: _____ Frequency: _____ Time: _____

Current # of girls registered in your troop? _____

Would your troop like more girls? No Yes If yes, how many? _____

Name of Troop's Bank: _____ Location of Branch: _____

Our Troop will be participating in the following:

Fall Products

Cookie Sales

Our Troop or Girl(s) recently completed the following awards: Please list the girl's name(s) on the back.

Trooper Pin

Bronze Award

Silver Award

Gold Award

Are you interested in serving on the Service Team? No Yes

If yes, which Position: _____

Are you interested in planning / leading / helping with an Event? No Yes

If yes, which Event? _____

How would you like to help?

Plan

Lead

Help

Do you have ideas on for the Service Unit?

Camping, Events, Activities

If I could grant you THREE WISHES for your troop or the Service Unit, what would you wish for?

1. _____

2. _____

3. _____