

GIRL SCOUTS - FOOTHILLS COUNCIL, INC.
UNIT/ASSOCIATION FORM

Unit #: _____ Name/Type of Event: _____

Event Chair: _____

Emergency Contact Person: _____ Phone #: _____

Date of Events: _____ Location of Event: _____

Participating # of People: Girls _____ Adults: _____

Check here if you have applied for Non-member insurance, if applicable: _____

The first aider(s) for event will be in following:

Name: _____ First Aid Certification Exp. Date: _____ / /

Name: _____ CPR Certification Exp. Date: _____ / /

Name: _____ First Aid Certification Exp. Date: _____ / /

Name: _____ CPR Certification Exp. Date: _____ / /

Briefly describe the event and what is involved: _____

Troop #: _____ Age Level D BR JR C SR # Girls: _____ # Adults: _____

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