

# GIRL BRIDGING WORKSHEET

Troop Leader \_\_\_\_\_ Phone # \_\_\_\_\_ Troop # \_\_\_\_\_ Program Age Level \_\_\_\_\_ Service Unit \_\_\_\_\_

Please list below those girls due to bridge out of your troop and return this form to your service unit coordinator or troop consultant/school coordinator **BY MAY 1.**

						SERVICE TEAM USE
GIRL'S NAME	ADDRESS	PHONE	I.D.#	SCHOOL NAME (SPRING)	SCHOOL NAME (NEXT FALL)	TROOP WHERE PLACED

**SERVICE TEAM:** Please follow through on placing all the above girls, assign their new troop numbers and record this information.

Girl Scouts of Citrus Council

March 2000 **FD 11**