Girl Scouts

Troop Leader – Please fill out and submit to Area Team with End of Year Reporting.

Fall _____

## Troop Projection Sheet

Troop# _____ Area # _____ Current grade level _____ School (s) attended _____

Anticipated meeting place for fall _____

Day of week _____ Time _____

How many girls would you be willing to add in the fall? _____

Leader _____ Co-Leader _____ Co-Leader _____

Continuing next year? ☐ Y ☐ N Continuing next year? ☐ Y ☐ N Continuing next year? ☐ Y ☐ N

Phone _____ Phone _____ Phone _____

Grade level desired _____ Grade level desired _____ Grade level desired _____

| Current Year as Scout | Girl's Name | Grade in fall | Phone | Remaining at Present Level | | Bridging to Next Level | | Reason for Not Returning |
|---|---|---|---|---|---|---|---|---|
| | | | | Same Troop | Need Troop | Same Troop | Need Troop | |
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Revised 3/4/2011 ko

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**Comments:**

Revised 3/4/2011 ko