



Girl Scouts.

# Service Team Training/Workshop Roster

Girl Scouts of Mitten Bay

Date \_\_\_\_\_

Course Name \_\_\_\_\_

Location \_\_\_\_\_

Trainer (s) \_\_\_\_\_

	<b>Name</b> (Please print as it appears on membership registration )	Racial/Ethnic Data					S.U. #	Phone Number
		B	W	AI	AS	HSP		
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Mail this form to:  
 Girl Scouts of Mitten Bay  
 Attention: Training Department  
 5470 Davis Road  
 Saginaw, MI 48604