

ANNUAL TROOP STATUS REPORT

FOR YEAR 20_____

(This information is used in the Service Unit as a planning tool for membership retention and extension.)

AREA _____ SERVICE UNIT _____

Troop/Group # _____ Program Age Level Daisy Brownie Junior Teen

Meeting Place _____ Day _____ Time _____

Leader/Advisor _____ Co Leader/Advisor _____

Number of girls starting year in troop _____

Number of girls who moved _____ (*Let's Get Movin'* is available at the Council Shop)

Number of girls who dropped _____ Number of girls who bridged _____

Number of girls who remain in troop _____ Number of spaces available _____

Status of Leader Continuing as Leader Changing Levels _____ Not Returning

Status of Co-Leader Continuing as Co-Leader Changing Levels _____ Not Returning

Possible Additional Leaders/Advisors _____

Active Troop Committee Yes No Sponsorship Agreement Signed Yes No N/A

Names of Girls Flying Up/Bridging: (Troop #'s assigned for Fall)

Name	New Troop #	Need Troop? (note girl's phone #)
1. _____	_____	<input type="checkbox"/> (____)
2. _____	_____	<input type="checkbox"/> (____)
3. _____	_____	<input type="checkbox"/> (____)
4. _____	_____	<input type="checkbox"/> (____)
5. _____	_____	<input type="checkbox"/> (____)
6. _____	_____	<input type="checkbox"/> (____)
7. _____	_____	<input type="checkbox"/> (____)

NAMES OF GIRLS REMAINING IN TROOP:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____
11. _____	12. _____
12. _____	14. _____

DROPPED GIRLS:

Name	Phone #	Reason
1. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
2. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
3. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
4. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
5. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
6. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
7. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____
8. _____	(____)	<input type="checkbox"/> Moved <input type="checkbox"/> Not interested <input type="checkbox"/> Other _____