

# Girl Scouts

Date: \_\_\_\_\_

Troop #: \_\_\_\_\_

Council: \_\_\_\_\_

Leader Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Print names to appear on Certificate

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Please make checks payable to Fairy Godmothers, Inc.  
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