



## Troop Committee Roster

Service Unit Name & Number \_\_\_\_\_

2010/11 Membership Year Troop # \_\_\_\_\_

This information will be used to properly identify all adults registered in your troop in our database. If an adult is serving in more than one position, please list the names in all the applicable positions. Please submit this form to your service unit registrar or membership manager within 2 weeks of the start of your troop. Submit updates as needed. Please print clearly.

<b>Troop Leader</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Co-Leader or Asst.</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Co-Leader or Asst.</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Troop Treasurer</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>MagNut Sales Coordinator</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Cookie Sales Coordinator</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Troop Committee Member</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Troop Committee Member</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )
<b>Other</b>	Address:	Day phone: ( )
Name:		
E-mail:	City & Zip:	Evening phone: ( )