Play.

Discover.

Learn More.



About Your Child.

How to Reach You.

Today's Date/
Child's Name
Date of Birth/
Language Spoken at Home
School
Grade Level: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
Caregiver Name
Relationship to Child
Street Address
City State Zip
Phone ()
Email
Where did you meet us?
 May we text the phone number listed above? Yes No I'm interested in becoming a troop co-leader. Yes No I'm interested in volunteering in another capacity. Yes No Would you like to be included on our alums list? Yes No



gsnypenn.org/join

Adventure Starts Here.

Learn More.



Date Received





Date Received
Received By
Location/Event
Additional comments, special concerns, notes, etc.

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