

Girl Scout After Meeting Pick-Up Form

School Year _____

**Girl Scout
Name** _____

**Home Phone
Number** _____

**After Meeting Contact
Number** _____

The following people are allowed to pick-up GS after meetings and outings:

Parent(s)/Guardian(s)

Names _____

Primary contacts **after** Parent(s)/Guardian(s):

Primary Name _____

Phone Number _____

Relationship _____

Secondary Name _____

Phone Number _____

Relationship _____

For additional names, please attach to back of sheet. **Only those on this form will be allowed to take the GS from meeting or activities.**