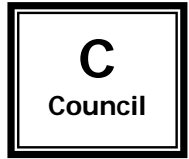




2277 Executive Drive
 Lexington, Kentucky 40505
 859-293-2621 * 800-475-2621 * 859-299-3692
 www.gswrc.org



*For Membership Specialist
 Use Only*

Individual Assistance Request Form

Cluster _____ Service Unit _____

Troop Number _____ Age Level _____ Number of Girls in Troop _____

Funds To Be Used For:	Amount Per Person	Number Of People	Total Amount	<i>Office Use Only</i>
Program Event – Name:				
Adult Training – Name:				
Troop Costs – Please list:				
Total				

UPC #	Catalog/Shop Item Description	Amount Per Person	Number Of People	Total Amount	<i>Office Use Only</i>
Total					

Do these items need to be sent from the Council Service Center? _____ Yes _____ No

Please send catalog/shop items or checks to:

Name _____ Phone (____) _____

Address _____ Address _____

City _____ State _____ Zip _____

Membership Specialist Signature _____ Date _____

Chief Operating Officer Signature _____ Date _____

Please list names and reasons for those receiving assistance on the back of this form.

Office Use Only

Date Check Requested	Date Transfer Funds	Account Number	Date Items Sent

