Girl Scouts of Southern Illinois

Media Release

FOR MINOR:

Name of Participant: _____ Troop #: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____)_____ E-mail: _____

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Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____)_____ E-mail: _____

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SIGNATURE: _____DATE: _____