



## Girl Scout After Meeting Pick-Up Form

School Year 2009-10

**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.**