



Girl Scouts
Where Girls Grow StrongSM

GIRL SCOUTS, CENTRAL SAVANNAH RIVER COUNCIL
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Alumnae Check-In

*(Please fill out the form below and fax or mail it to the council
at the above address or fax number.)*

I am a Girl Scout alumna. Please keep me up to date on what's happening in Girl Scouts today and of any special alumnae events you are planning

Name: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Phone: Home: _____ **Work:** _____ **Cell:** _____

E-mail: _____

Place of Employment: _____

Job Title: _____

Council where you were a Girl Scout: _____
*(Daisy, Brownie, Junior, Cadette, Senior,
other, please specify* _____
City State

Number of years you were a Girl Scout: _____

What is your fondest memory of your time in Girl Scouts? _____

In what way did your Girl Scout experiences impact your life? _____

Thanks for sharing! We will be in touch!