PEN PALS

To be completed by troop leaders only.

TROOP AND LEADER INFORMATION

Troop #: _____ Service Unit #: _____

Leader name: _____ Daytime phone: ( ) _____
First Last

E-mail: _____ Evening phone: ( ) _____

Mailing address: _____
Street pt #/Lot # City State Zip

PARTICIPANT(S)

Check all that apply: ❒ Brownie ❒ Junior ❒ Cadette ❒ Senior

Number of girls interested: _____

PEN PAL PREFERENCE

You may choose any U.S. state except Hawaii and Alaska.

We prefer to write to: *(Please indicate 1st, 2nd, and 3rd choices)*

1. _____ 2. _____ 3. _____

SUBMISSION INSTRUCTIONS

Mail to: Girl Scouts of Middle Tennessee
Attn: Pen Pals
4522 Granny White Pike
Nashville,TN 37204

Or fax to: (615) 297-6296
Attn: Pen Pals

OFFICE USE ONLY

❒ Information received: (date) _____

❒ Postcard mailed: (date) _____

❒ Request mailed: (date) _____

Date matched: _____ Troop #: _____

Leader's name: _____

Address: _____

_____

Daytime #: ( ) _____ Evening #: ( ) _____

E-mail: _____

Council: _____

Revised Dec. 2007