



Member Information Sheet - 2018/2019

Please complete one form per troop member.

General Information

Member Full Name		Grade	
Address			
Emergency Contact		Phone #	

Parent Name		
Parent Email		
Cell Phone #		
Can we text regarding AHG information?	Yes / No If yes, please provide mobile carrier _____	Yes / No If yes, please provide mobile carrier _____

Handbook Review (<https://stmichaelcp.org/american-heritage-girls>)

I have read and reviewed the **AHG Handbook** online. If I have any questions or concerns I know to contact my daughter's troop at ahg@stmichaelcp.org

Parent Signature _____ Date _____

Parent Participation "We, though many, are one body in Christ, and individually members one of another. Having gifts that differ according to the grace given to us, let us use them." - Romans 12:5-6

AHG Troop 1279 cannot function with our dedicated parents and family members who volunteer their time and talents. Can YOU join in creating a community of FAITH, SERVICE and FUN?

___ Yes, I am interested! ___ I maybe able to help! ___ No, I cannot at this time.

For SMA1279 Troop Leaders:

Health ___	Med ___	High Activity ___	Swim ___	Uniform ___
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Dues Payment	Cash / Check	Date Received:
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