Diocesan Catholic Committee on Scouting-Girl Scouts
FIRST STEP TO BEGIN RELIGIOUS RECOGNITION PROGRAM

1) **Attend a Girl Scout Religious Emblem training:**

Contact Stephanie Reese, 330-858-2796 or reesesteph@yahoo.com

2) **Check one: Programs**

☐ God is Love(K-1) ☐ I Live My Faith (4-6) ☐ Spirit Alive (9-12)

☐ Family of God (2-3) ☐ Mary, the First Disciple (7-12) ☐ MISSIO (11-12)

_____ Number of books needed @ $4.00 each = $ _____

MAIL check for books made out to <u>DIOCESE of CLEVELAND</u> to:

Diocese of Cleveland | Attention: Francine | 1404 East 9th Street | Cleveland, Ohio 44114

3) **Fill out the Roster below:**

This form must be completed in order to receive certificates and medals for each of the programs.
Please type or print clearly or attach your troop roster to this form, and **MAIL** it to:
Stephanie Reese | 498 Silver Ridge Drive | Copley, Ohio 44321
or **TEXT** a scanned copy to: 330-858-2796 or save as a PDF and **EMAIL** to reesesteph@yahoo.com

Approximate date program will be completed: _____

ADVISORS FOR THE PROGRAM

Name: _____ Troop: _____ Trained? ☐Yes ☐No

Address: _____ City: _____Zip:_____

Phone: _____ Parish: _____e-mail: _____

Name: _____ Troop: _____ Trained? ☐Yes ☐No

Address: _____ City: _____Zip:_____

Phone: _____ Parish: _____e-mail: _____

Name: _____ Troop: _____ Trained? ☐Yes ☐No

Address: _____ City: _____Zip:_____

Phone: _____ Parish: _____e-mail: _____

YOUTH WORKING THE PROGRAM *(CONTINUE ON NEXT PAGE)*

Name: _____ Parish: _____Troop: _____

Address: _____ City: _____Zip:_____

Phone: _____ Parent e-mail_____ Age: _____

YOUTH WORKING THE PROGRAM *(CONTINUED)*

Name: _____ Parish: _____Troop: _____

Address: _____ City: _____Zip:_____

Phone: _____ Parent e-mail_____ Age: _____

Name: _____ Parish: _____Troop: _____

Address: _____ City: _____Zip:_____

Phone: _____ Parent e-mail_____ Age: _____

Name: _____ Parish: _____Troop: _____

Address: _____ City: _____Zip:_____

Phone: _____ Parent e-mail_____ Age: _____

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