



Girl's Name: _____ Primary Phone #: _____

Address: _____ City: _____ Zip: _____

Troop #: _____ Girl Scout Grade Level(C,S,A): _____

Troop Leader: _____ Primary Phone #: _____

Award/Pin Requested:

<input type="checkbox"/> PA Pin 	<input type="checkbox"/> LIA Patch <input type="checkbox"/> It's your World, Change It <input type="checkbox"/> It's your Planet, Love It <input type="checkbox"/> It's your Story, Tell It	<input type="checkbox"/> CIT Pin 
<input type="checkbox"/> Cadette Service to Girl Scouts 	<input type="checkbox"/> Senior Service to Girl Scouts 	<input type="checkbox"/> CIT II Pin 

Training Course Name: _____ Date Completed: _____

Instructor's Name: _____ Training Location: _____

IF SERVICE HOURS OR PRE-REQUISITES ARE REQUIRED COMPLETE QUESTIONS BELOW:

LIA Award Earned: _____ Date Completed/Earned: _____

Describe what you did to earn your LIA Award: _____

Service Hours Completed: _____ Date Completed: _____

Describe what you as service during these hours: _____

Name of Supervising Adult: _____ Primary Phone #: _____

Supervising adult must not be related or Troop Leader

Date Form Completed: _____ Date Received in Office: _____

Date Award Mailed or Presented: _____ Staff Member: _____