

Opportunity Fund Approval For Membership Financial Assistance

Troop # _____ Neighborhood _____ Date _____

\$ _____ is requested for _____ girls/adults to pay their membership registration fees, in full or in part.

Please provide the names of girls/adults: This information will be kept confidential, used only for record keeping

_____	_____
_____	_____
_____	_____

Troop Leader's Signature _____

Nbhd Registrar Only: ___ Please transfer from Nbhd funds \$ _____ Nbhd Registrar's Initials _____ Date _____

.....

Troop # _____ Neighborhood _____ Date _____

\$ _____ is requested for _____ girls/adults to pay their membership registration fees, in full or in part.

Please provide the names of girls/adults: This information will be kept confidential, used only for record keeping

_____	_____
_____	_____
_____	_____

Troop Leader's Signature _____

Nbhd Registrar Only: ___ Please transfer from Nbhd funds \$ _____ Nbhd Registrar's Initials _____ Date _____

.....

Troop # _____ Neighborhood _____ Date _____

\$ _____ is requested for _____ girls/adults to pay their membership registration fees, in full or in part.

Please provide the names of girls/adults: This information will be kept confidential, used only for record keeping

_____	_____
_____	_____
_____	_____

Troop Leader's Signature _____

Nbhd Registrar Only: ___ Please transfer from Nbhd funds \$ _____ Nbhd Registrar's Initials _____ Date _____