

Girl Scouts of Virginia Skyline Council, Inc.

DELEGATE AND SUBSTITUTE DELEGATE ROSTER

Service unit: _____

Date of election: _____

Quorum: Number of troops currently registered: _____ x 20% = _____

Two delegates and unlimited substitutes are allotted. There must be a minimum of five people voting.

RACE/ETHNIC CATEGORY CODE				
ASIAN A	AMER. IND. AI	BLACK B	HISPANIC H	WHITE W

DELEGATE OR SUBSTITUTE	RACE/ETHNIC CATEGORY	GIRL (G) OR ADULT (A)	NAME	ADDRESS	PHONE NUMBER with area code AND EMAIL ADDRESS	TERM ENDS	DATE OF DELEGATE TRAINING	INSTALLED (☑)
Delegate								<input type="checkbox"/>
1 st Substitute Delegate								<input type="checkbox"/>
2 nd Substitute Delegate								<input type="checkbox"/>
3 rd Substitute Delegate								<input type="checkbox"/>
4 th Substitute Delegate								<input type="checkbox"/>

Submitted by: _____

Phone: - -

Date submitted: _____

**Please keep a copy for your records.
Attach Attendance Record (#3066).**

