

GSSJC Participant Screening Log



Troop# _____ Meeting Location _____ Date/ Time _____

Participant Name	Parent/Caregiver of Girl	Q1	Q2	Q3	Q4	Q5	Q6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Have all participants read and understood the current Rules of Indoor/Outdoor Gatherings as well as the COVID-19 Safety Precautions for Girl Scout Gatherings?

Yes, all participants have read and agree to adhere to the Rules and Safety Precautions.

Volunteer Name and Signature Date