

Independent Daisy Girl Scout Petal Report

Write a brief description of activities that you accomplished. Include resources, people or field trips to earn the Promise Center and Petals that you completed.

Your Name _____ Service Unit _____

Address _____ City/State _____

Promise Center:

Light Blue Petal:

Yellow Petal:

Spring Green Petal:

Red Petal:

Orange Petal

Purple Petal:

Magenta Petal:

Green Petal:

Rose Petal:

Violet Petal:

Parent/Mentor signature to verify above work was completed towards earning the Promise Center and Petals.

Parent/Mentor Signature

Date

Girl Scout's Signature

THIS ENTIRE FORM MUST BE COMPLETED AND RETURNED TO:
GIRL SCOUTS OF SOUTHWESTERN NEW YORK
2661 HORTON ROAD * JAMESTOWN, NY 14701
ATTENTION: MEMBERSHIP DEPARTMENT
(716) 665-2225 or 1-800-373-3295
Fax: 488-9501

PLEASE ENCLOSE \$6.50 FOR THE PETAL CARD **AND** \$1.00 SHIPPING AND HANDLING.
PLEASE ALLOW 2-4 WEEKS FOR YOUR BADGES. -THANK-YOU