

# TROOP LEADER CONTROL FORM

## Family Support Plan

Troop Leaders **MUST** complete this form  
in order to receive a rebate.

Please Print

Troop # \_\_\_\_\_ SU # \_\_\_\_\_

Please mail my 25% rebate to:

\_\_\_\_\_  
Troop Leader's Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

	FAMILY NAME	DATE FORM DISTRIBUTED	DATE FORM RETURNED	COUNCIL USE ONLY	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

COUNCIL USE ONLY:					
Troop #	SU #	Date Received:	/	/	
GROSS: \$		REBATE: \$			
<input type="checkbox"/> 1 <sup>st</sup> Rebate	<input type="checkbox"/> Add-On				
<input type="checkbox"/> Shop Credit	<input type="checkbox"/> Check	<input type="checkbox"/> Date Mailed:	/	/	
<input type="checkbox"/> R/D	<input type="checkbox"/> CC	<input type="checkbox"/> MG	<input type="checkbox"/> EX	<input type="checkbox"/> CR/SC	<input type="checkbox"/> TY <input type="checkbox"/> OO <input type="checkbox"/> OF

**NOTE:**

Rebates under \$10.00 will be issued as shop credits.

I prefer my rebate of \$10.00+ issued as:

Check  Shop Credit

# of girls registered: \_\_\_\_\_

Daisy  Brownie  Junior  Cadette  Senior

**IMPORTANT:**

Please complete all areas *except* "COUNCIL USE ONLY". Keep the **PINK** copy for your records and return the **WHITE** copy with all **SEALED** envelopes to your Service Unit Coordinator or:

GSRHC  
Attention: Family Support Dept.  
1171 Route 28  
North Branch, New Jersey 08876