



# Sahuaro Super Troop Award

**Application**  
(Please print clearly)

Sahuaro Girl Scout Council, Inc.  
4300 E. Broadway Blvd  
Tucson, AZ 85711-3506  
(520) 327-2288 or 1-800-331-6782  
www.sahuarogsc.org

Troops must complete 9 of the 13 requirements including the 4 starred (\*) to qualify for the Sahuaro Super Troop Award. This completed form and any attached documentation must be submitted to the council by March 1<sup>st</sup>. **Super Troop Awards will be given out at a special Super Troop activity and no longer at the Annual Meeting.**

Troop#: \_\_\_\_\_ Level: \_\_\_\_\_ Service Unit \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

\*1. Have at least **two** more registered girls than size standard minimums. (Minimum size standards are: 8 Daisies, 12 Brownies, 10 Juniors, 8 Girl Scouts). Must be registered by October 1 and open to taking more girls if vacancies occur.

Level: \_\_\_\_\_ # of Girls registered (as of 10/1) \_\_\_\_\_

Open to more girls, if vacancies occur? Yes No

\*2. Troop has a minimum of two adults serving in leadership positions who have completed Orientation, Safety-Wise, Age Level Training, and the troop must have a CPR/First Aid certified person (does not need to be a leader). Additional Training is encouraged, i.e. Outdoor Training, enrichment courses.

Leader: _____	Leader: _____
<input checked="" type="radio"/> Orientation	<input checked="" type="radio"/> Orientation
<input checked="" type="radio"/> Safety-Wise	<input checked="" type="radio"/> Safety-Wise
<input checked="" type="radio"/> Age Level Training	<input checked="" type="radio"/> Age Level Training
<input checked="" type="radio"/> Outdoor (specify): _____	<input checked="" type="radio"/> Outdoor (specify): _____
Additional: _____	Additional: _____
<input checked="" type="radio"/> CPR Certified Adult; exp. date: _____	<input checked="" type="radio"/> CPR Certified Adult; exp. date: _____
Name: _____	Name: _____

\*3. Have your troop represented at all service unit meetings. List months represented and who attended.

\_\_\_\_\_  
\_\_\_\_\_

4. Troop holds at least one family-oriented event per year.

Date: \_\_\_\_\_ Event: \_\_\_\_\_

5. List below the type of government(s) used in your troop. Please ask one of the girls (Brownie or older) to write a short paragraph on your troop government and attach to this application.

\_\_\_\_\_

6. Have troop plan and implement at least one event for the service unit/district. Please consider an age-appropriate activity to meet this requirement. Consult your Service Unit Manager if you have questions.

Date: \_\_\_\_\_ Event: \_\_\_\_\_

7. As a troop, attend a service unit event, council program or community event. List the event.

Date: \_\_\_\_\_ Event: \_\_\_\_\_

8. With girl input, plan and carry out one (1) activity with another troop. This can include ceremonies, service projects, bridging activities or field trips. Describe the activity and list the other troop.

Activity: \_\_\_\_\_ Other Troop # \_\_\_\_\_

9. Take part in a Girl Scout celebration. Some examples are: Juliette Low birthday party, Thinking Day celebration or a Girl Scout week event. List the activity.

Date: \_\_\_\_\_ Event: \_\_\_\_\_

10. With girl input, plan and carry out an activity using a community resource person (someone to share a special skill with the girls.) Describe the activity and list the name of the person.

\_\_\_\_\_  
\_\_\_\_\_

Community Resource person: \_\_\_\_\_

11. Troop will have registered adults functioning as a troop committee, i.e.: cookie person, field trip drivers, first aider, emergency contact person.

List Adults:

Role(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. Invite an older girl to visit your troop and share her Destinations experience with your troop, or talk about her Silver or Gold Award project.

Name of Older Girl: \_\_\_\_\_

Topic of experience/award: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date