

THE GIRL GUIDES ASSOCIATION OF TRINIDAD AND TOBAGO

ANNUAL REPORT FORM 'Division'



YEAR _____

DIVISION _____

DIVISION COMMISSIONER _____

DISTRICTS

Name of District	Commissioner	Wrtd/Not Wrtd [date]
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DISTRICT (1)

Guider(s) Name	Wrtd. Not Wrtd. [date]	Name of Company/ Pack	No. Enrolled Recruits	No. Enrolled Recruits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of District Commissioner

Date

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DISTRICT (2)

Guider(s) Name	Wrt'd. Not Wrt'd. [date]	Name of Company/ Pack	No. Enrolled	No. Recruits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of District Commissioner

Date

DISTRICT (3)

Guider(s) Name	Wrt'd. Not Wrt'd. [date]	Name of Company/ Pack	No. Enrolled	No. Recruits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of District Commissioner

Date

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DISTRICT (4)

Guider(s) Name	Wrtd. Not Wrtd. [date]	Name of Company/ Pack	No. Enrolled	No. Recruits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of District Commissioner

Date

DISTRICT (5)

Guider(s) Name	Wrtd. Not Wrtd. [date]	Name of Company/ Pack	No. Enrolled	No. Recruits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of District Commissioner

Date

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DISTRICT (6)

Guider(s) Name	Wrt'd. Not Wrt'd. [date]	Name of Company/ Pack	No. Enrolled	No. Recruits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of District Commissioner

Date

BADGES/VOYAGES/CERTIFICATE EARNED

Brownies	No.	Junior Guides	No.	Senior Guides	No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Rangers

Certificates Earned

No.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TRAININGS ATTENDED (REGIONAL AND NATIONAL)

Name of Training	Date	No of Participants	Certificate Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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CAMPS ATTENDED

Date	Location	Commandant	Quarter Master	First Aider
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of DIVISION COMMISSIONER

DATE

THE GIRL GUIDES ASSOCIATION OF TRINIDAD AND TOBAGO

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Name of Local Association _____

Indicate Division and/or District _____

No. of Members _____

Name of Officers	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cash in Hand/Bank June 30th Last Year \$ _____

Funds Earned During the Year Under Review \$ _____

Funds Spent During the Year \$ _____

Cash in Hand/Bank this Year \$ _____

Name of Bank and Signatories _____

(Name of Bank)

Signatories

Was Your Cash Audited? Yes/No

Name of Audit Personnel _____

Signature of DIVISION TREASURER _____ DATE _____

THE GIRL GUIDES ASSOCIATION OF TRINIDAD AND TOBAGO

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HIGHLIGHTS *(please use added pages as necessary)*

Date	Event	Participants	Location	Details
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Signature of DIVISION SECRETARY

DATE