Girl Guides of Canada
Guides du Canada

Unit/Council Form

B.1

☐ New ☐ Adjustment of Information ☐ Closing ☐ Re-Opening

PLEASE PRINT

TYPE OF UNIT (Please check)

1. Spark Unit	☐	2. Brownie Unit	☐	3. Guide Unit	☐	4. Pathfinder Unit	☐
5. Ranger Unit	☐	6. Cadet Unit	☐	7. Senior Branches Unit	☐	8. Trex Unit	☐
9. Extra Ops Unit	☐	10. Guiding Unit	☐	11. Link Unit	☐	12. Trefoil Guild	☐
13. Local Association	☐			14. Committee	☐	15. Council	☐

Name of Unit: _____

District _____ **Division** _____ **Area:** _____ **Province:** _____

Date Established: _____ **iMIS#:** _____

Address of Meeting Place: _____

Meeting Day: _____ **Meeting Start Time:** _____

Meeting Frequency
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ Other _____

Meeting End Time: _____

Date _____ **Opened by** _____ **Guider (contact)** _____
Signature

IF CLOSING:

Effective Date: _____ **Reason:** _____

_____

_____

_____

_____

_____

Please note if the closure applies to a district, division or area council the Provincial/Territorial Commissioner signature must appear below:

_____ _____ _____
Date **Name of Provincial/Territorial Commissioner** **Signature**

Outstanding funds have been:

☐ **Deposited in**: **Account No**: _____
Bank: _____
Branch: _____

☐ **Withdrawn and deposited with the Council concerned**

_____ _____ _____
Date **Signature** **Position**