girl scouts of silver sage

Leadership Project Time Log for Girls

Name_____ Level: CAD SR AMB

Assigned Troop/Group #_____ Service Unit #_____

Address _____

City/State/Zip_____

Mentor Leader's Name _____

Award Type: Community Service Bar Service to Girl Scouting Bar Torch Award

Journey completed: (required for Torch Award) _____
Date: _____

Date	Activity	Time Spent

Return form to:

Girl Scouts Silver Sage Council
Troop Program Manager
1410 Ethridge Lane
Boise, ID 83704
208-377-2011 ext 114