



Leadership Project Time Log for Girls

Name _____ Level: Cad Sr Amb
 Assigned Troop/Group # _____ Service Unit # _____
 Address _____
 City/State/Zip _____
 Phone # _____
 Mentor Leader's Name _____
 Award Type: Community Service Bar Service to Girl Scouting Bar Torch Award
 Journey completed: _____ Date: _____

Required for Torch Award

Date	Activity	Time Spent
Total		

**Return form to: Leadership Development Supervisor
 1831 Brundage Lane, Bakersfield, CA 93304
 (800) 490-8653 ext. 200**