

Girl Scouts of Crooked Tree
SERVICE PROJECT REPORT

Troop # _____ Association _____ Service Area _____

of Girls _____ Level: Daisy _____ Brownie _____ Junior _____ Cadette _____ Senior _____

Total # of hours to complete project _____ # of hours per girl _____

Kind of service _____

For whom _____

Did you have any publicity? If so, please attach copy. _____

Please explain your project. _____

Date project completed _____ Leader's signature _____

PLEASE RETURN THIS REPORT TO YOUR SERVICE AREA MANAGER OR COUNCIL SERVICE CENTER.

GSCT/7/04 / SDT / FIELD FORMS / SERVICE PROJECT REPORT

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