

## Service to Girl Scouting Bar Time Log

(minimum of 20 hours)

NT		Data		
Grade L	evel (check one): 🗖 Cadette 📮	Senior Ambassador Gro	oup/Troop Number	:
Address:		City:	State:	Zip:
Email:_				
Name o	f Supervising Girl Scout Adult:_			
Email:_				
	T	1		<u> </u>
Date	Activity*	Age Level - Troop #, Event or Camp Name	Time Logged (Hours)	Adult Verification

Submit completed form via email to ge@gsdakotahorizons.org or mail to: Girl Scouts Dakota Horizons, Attn: Girl Experience Manager 1002 43rd Street S, Fargo, ND 58103

Office Use Only—Final			
☐ Approved	GEM Signature		
☐ Not Approved	Date		