Girl Scouts of River Bluffs Council

Leadership Project Time Log for Girls

Name_____Date_____

Assigned Troop/Group Number_____ Mentor Leader's Name_____

Mentor's Signature_____

Please circle one: ☐ PA I ☐ PA II ☐ LIT ☐ SGSTA ☐ CIT

Date	Activity	Time Spent
		TOTAL

GSSI: FormsFlash/Program/Leadership/Leadership Project Time Log 101309