

**Patriots' Trail Girl Scout Council
Service Bar Record Sheet**

Name _____ Grade: _____ Troop: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Service Bar Training

Date _____ Hours _____

Training _____

Agency _____

Service Hours (minimum 25 hours)

Hours _____ Date _____

Description of activity(#girls, program description, etc.):

Leader's Initials _____

Hours _____ Date _____

Description of activity(#girls, program description, etc.):

Leader's Initials _____

Hours _____ Date _____

Description of activity(#girls, program description, etc.):

Leader's Initials _____

Hours _____ Date _____

Description of activity(#girls, program description, etc.):

Leader's Initials _____

Hours _____ Date _____

Description of activity(#girls, program description, etc.):

Leader's Initials _____

Hours _____ Date _____

Description of activity(#girls, program description, etc.):

Leader's Initials _____

Mail completed form to:
Patriots' Trail Girl Scout Council, 95 Berkeley Street, Boston, MA, 02116