

Name: _____ Troop # _____ Service Unit: _____

Date: _____

Cookie Captain Hours

Date	Hours	Name of Event/activity	Description of Service Provided	Volunteer/Staff Name	Volunteer/Staff Title	Phone #	Initials
Total Hours Logged:							

*** The original OR a copy of this sheet must be turned into GSCO by FRIDAY 05/24/2024.**

Scan and email to the product program specialist for your area. You can also send in your hours log by completing a [FORM](#) and attaching the hours log!