

Name: _____ Troop # _____ Service Unit: _____

Cookie Captain Hours



Date: _____

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 05/21/2027. Send in a photo or scanned copy of your hour log by completing the [form](#) and attaching the image.