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 05/23/2025.**

Send in a photo or scanned copy of your hours log by completing the form and attaching the image.