A LEADER FOR ALL SEASONS AWARD

Name of Leader/Advisor: _____

Address: _____ City: _____ Zip: _____

Telephone: Day:_____ Evening:_____

E-mail Address: _____

SU #:_____ Troop #:_____ Program Level (circle) D B J C S A

Please complete the record of meetings/activities offered to the troop during the year and submit to the Service Unit Manager.

DATE	MEETING/ACTIVITY

Incentive chosen: _____ Date Submitted: _____

SU Manager Approval: _____ Date: _____

Return form to: Girl Scouts, Tarheel Triad Council, Attn: V P Adult Education 8818 W. Market Street, Colfax, NC 27235

OFFICE USE ONLY					
VP ADULT EDUCATION:	DATE:	SHOP MANAGER:	DATE:	PICKED UP BY:	DATE: