

GIRL SCOUT COUNCIL OF GREATER NEW YORK

**Community Service Form**

Troop #: \_\_\_\_\_ Level: \_\_\_\_\_ Brorough: \_\_\_\_\_

Troop Leader's Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Eve Phone #: \_\_\_\_\_

Date (s) of Service Project: \_\_\_\_\_

Describe your Project: \_\_\_\_\_

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Who will benefit from this service?: \_\_\_\_\_

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Is this an ongoing project?: \_\_\_\_\_

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Total # of girls participating: \_\_\_\_\_ Total # of hours Service: \_\_\_\_\_

Please return this form, photos and your media release form to:

PROGRAM DEPARTMENT  
Girl Scout Council of Greater New York  
43 West 23<sup>rd</sup> Street  
New York, NY 10010

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