

**Girl Scouts of Mitten Bay
Service Team Training Waiver**

Part 1

Name: _____

Address: _____

City: _____

Zip: _____

Phone: (H) _____

Service Unit: _____

(W) _____

Troop/Group #: _____

Part 2

Title of Course _____

Number of course hours _____

Place where course was held _____

Instructor's Name _____

Please describe how any outside training or course will be used to enhance Girl Scout troop activities (use back of form if needed):

Part 3

My signature serves as verification that I have attended the course listed above, and will use the information gained for Girl Scout purposes.

Signature

Date: _____

Reviewed and Approved:

SUM Signature

Date: _____

Membership Specialist

Date: _____