



GIRL SCOUTS FAIR WINDS COUNCIL
TRAINING COMPETENCY FORM

Part 1

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: (h) (____) _____

Service Unit: _____

(other) (____) _____

Troop/Group #: _____

Part 2

Title of Course: _____

Number of course hours: _____

Place where course was held: _____

Instructor's Name: _____

Please describe how this training can be used to enhance your Girl Scout troop activities: (more room on back)

Part 3

By my signature I verify that the above information is correct and that I will use the information gained in this training in Girl Scouts.

Signature

_____/_____/_____
Date

Training Coordinator Signature

_____/_____/_____
Date

Service Unit Manager Signature

_____/_____/_____
Date