Girl Scout Council of the Nation's Capital

PROGRAM AIDE (PA) AND LEADER IN TRAINING (LIT) REPORT FORM

(See Kaleidoscope page 7.)

Duplicate as needed.

	Assn # SU # Troop #		#	Program Level						
	Applicant's Name				Girl S		Scout ID #			
	Address									
	City				State			Zip		
	Phone Emai				il I					
	Birth date		Age		Grad	e		Class of		
l. P	rogram Aid	de or LIT	Core Trai	ning:				I		
Date)		Location	on						
Instr	nstructor's NameInstructor's Signature									
	Program Aidning card):	de Specia	ılty Traini	ng:	<u>or</u> I	LIT Leader	ship c	ourses (at	tach copy of	
Date	Date					101 Basic Leadership training Date				
Location					Instructor					
Instructor's Name					Level Course Number			Date		
nstructor's Signature					Instructor					
III. (Observatio	n (LIT ON	ILY)							
Date)	#	Le	eader's Name						
Lead	der's Signati	ure								
IV.	Internship:	(25 hours	s) (List on I	back)						
Froop # Date Completed						Leader	s Nam	e		
Lead	der's Signati	ure								

PA AND LIT REPORT FORM CONTINUED

ME								
DATE	ACTIVITY	TROOP/GROUP	HOURS					

Signature of Program Aide	Date
oignatare or i regram / mae	

Total:

Return completed form into any council shop to purchase your PA or LIT patch.