

Gold Award Mentor Form



Girl Information

Name	
Street Address	
City ST ZIP Code	
Best Phone	
E-Mail Address	
Grade	

Leader/Parent Contact Information

In case we cannot reach you, which adult would you like us to contact

Name	
Best Phone	
E-Mail Address	

Project Mentor Contact Information

Name	
Best Phone	
E-Mail Address	

Project Information

Title	
Date Training Taken	
Date Submitted	
Request Project Review	
Mock Interview Request	
Date Submitted to Council	
Council Interview Date	

Other Information

Any information you wish the committee to know about you or your project that is not included on the official proposal form.

Please submit form to: GACCommunity2@gmail.com