**Girl Scouts of Central & Southern NJ, Inc.**

**Project Title**

Girl Scout Signature: Date:

Girl Scout Advisor’s Signature: Date:

Project Advisor’s Signature: Date:

Please submit to: Girl Awards, GSCSNJ, 40 Brace Road, Cherry Hill, NJ 08034 or email to [mygoldaward@gscsnjnj.org](mailto:mygoldaward@gscsnjnj.org) fax to 856-354-8425

**For Council Use:**

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| --- | --- |
| **Received by Council** | **Date:** |
| **Initial Committee Review** | **Initials & Date:** |