Leadership ticket

Name position	TROOP GOALS Responsibilities and goals that I have as a troop leader (please be as specific as possible. Make most of your goals measurable)
YEAR	
When you have completed this form hand it into the SM. Your leadership will be evaluated on the things that you set for yourself to do. Please be specific. Leadership time will start after the ticket is fully signed. Retain a copy!!	PATROL GOALS
Signatures of approval	Responsibilities and goals I have for my patrol
Scout	
SPL	
SM	
Committee Chair	