

Money-Earning Project Request

Please complete BOTH SIDES of this form, and submit it to your membership director at least 30 days before initiating work on your proposed project(s). In most cases, you will receive approval or denial within one week of its receipt. Do not begin work on the project until you receive a response.

Date of Application _____ Your Name _____

Service Unit _____ Troop/Group # _____

Address _____ City _____ Zip _____

Level (check one):

- Junior Girl Scouts
 Girl Scouts ages 11-13
 Girl Scouts ages 13-15
 Girl Scouts ages 15-17

Please give a brief description and date(s) of the activity for which money is being earned _____

Proposed Money-Earning Plan:

Detailed Description of Money-Earning Activity	Dates	Projected Income

Contact Person's Name _____ Phone # (_____) _____

Address _____ City _____ Zip _____

I hereby verify that the information provided on this form is correct, and that we will abide by Girl Scouts - Sybaquay Council's policies, standards, procedures and girl/adult ratios as detailed in the *Volunteer Resource Guide* and *Safety-Wise*.

Leadership Team Member's Signature _____
Date

Leadership Team Member's Signature _____
Date

Troop/Group Treasurer's Signatory (girl) _____
Date

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Money-Earning Project Request, continued

Checklist (please initial each completed item):

- _____ Our Troop's/Group's Annual Report of Troop/Group Finances is on file with our service unit manager.
- _____ We have participated in both council-sponsored product sales.
- _____ The girls have taken an active role in the planning of this/these project(s).
- _____ Our proposed project(s) are not planned during council-sponsored product sales.
- _____ Our proposed project(s) are not in conflict with the United Way campaign.
- _____ Our proposed project(s) do not endorse a cause, product or organization.

Budget:

Projected Year Income:

Product Sales \$ _____
Troop/group Dues \$ _____
Other \$ _____

Projected Year Expenses:

Activities \$ _____
Camping Trips \$ _____
Pins/Awards \$ _____
Troop badges, patches & charms \$ _____

Special Project Budget:

Admission/Event Fees \$ _____
Lodging \$ _____
Transportation \$ _____
Other \$ _____

Cost to Families/Girls \$ _____
Money-Earning Goal per Girl \$ _____
\$ _____ ea. X _____ girls = \$ _____

Total Expenses \$ _____

Total Cost \$ _____

Total Money to be Earned (total income needed from above): \$ _____

For Review by Your Membership Director:

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with the following conditions: 	<input type="checkbox"/> Denied Reason for Denial:
_____ Membership Director's Signature	_____ Date