

Money-Earning Activity Application

Submit form to customercare@gssef.org 6 weeks prior to proposed project start date.

* Please see Volunteer Policies and Procedures for money-earning project eligibility and reporting requirements

(Please continue on back of application as necessary)					
Troop #	Grade Level:	Daisy (K-1 st) Cadette (6 ^{tn} , 7 ^{tn} , 8 ^{tn})	Brownie (2	$^{\text{tn}} - 10^{\text{tn}}$]Junior (4 th – 5 th) Ambassador (11 th – 12 th)
Leader/Event Coordinator:		Service I	Unit:		
Address:					
Phone:	Email:				
Money-Earning Project Detail	<u> </u>				
The girls will: (check all that app					
					□Contribute to Society
*Description of Money-Earning	Project: (What w	rill the girls be doing?)			
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Date(s):	Time(s): Location:				
**Planned Program Project: (Purpose of Money-Earning Project)					
Flatified Frogram Froject. (Purpose of Moriey-Earning Project)					
Girls' role in this project: (How will the girls plan and participate in the project?)					
Budget					
*Money-Earning Project Budget		**Planne	**Planned Program Project Budget (how you plan to use the		
,		funds raised from this money-earning project)			
Revenue: (identify sources)			t of Project:		\$
	\$	Cost per g	girl:		\$
	\$			Troop will p	
	\$			Each girl will p	
Expenses:			p Funds Requ		\$
	\$	Funds ear	Funds earned to date (for project):		
	\$		Council Product Sales		
	\$		Previous money-earning projects		
	\$		Other		<u> </u>
Anticipated Profit:	\$	Balance N	leeded:	\$	
Money-Earning Activity Approval					
Leader/Event Coordinator signatu	re				
For Council use only: Council Product Sale participation: YES NO Initials:					
Date application received: Approved: YES NO			Cour	ncil Approval	I / Signature
Comments:					