

MONEY-EARNING APPROVAL REQUEST FORM

INSTRUCTIONS:

Required for troops wanting to do money-earning in addition to council product sales. Complete the information on Side A, detach and mail it four weeks in advance (or as soon as possible) to your **SERVICE UNIT MANAGER**. Unless you are notified that there is a problem, proceed with your project. You will be contacted **ONLY** if there is a problem.

GENERAL:

Troop # _____ Grade Level _____
Leader's/Advisor's Name _____
Address _____
City _____ St _____ Zip _____
Phone (D) _____ (E) _____
E-Mail _____

ACTIVITY INFORMATION:

Type of Activity _____
Location of Activity _____
Date of Activity _____
What role will girls play in this money-earning project?

[Side A]
OVER

MONEY – EARNING REPORT FORM

INSTRUCTIONS:

Complete Side B and mail to your Service Unit Manager or other designated person within one week **AFTER** the activity.

GENERAL:

Troop # _____ Leader's/Advisor's Name _____
Type of Activity _____
Date of Activity _____
Do you think this activity was successful? YES NO
Why? _____

Were there any problems or medical emergencies?

YES NO

If yes, explain _____

Would you recommend this project to other troops?

YES NO

Comments _____

[Side B]
OVER

FINANCIAL:

\$_____ Gross Profit

\$_____ Expenses

\$_____ Net PROFIT / LOSS (Circle one)

Leader's/Advisor's Signature

ADDITIONAL COMMENTS OR INFORMATION:

[Side B]

FINANCIAL INFORMATION:

YES NO Did the troop participate in the last Cookie Sale? If no, state why:_____

YES NO If money is for an extended trip (3 nights or more), has the trip been approved by Council Staff?

\$_____ Current amount in troop's account

\$_____ Estimated amount we need to raise

\$_____ Amount expected from this money-earner

What program opportunities will be conducted with money earned?

ADDITIONAL COMMENTS OR INFORMATION:

[Side A]