girl scouts
of eastern missouri

Troop Money-Earning Activity Application
(Other than Cookie Program/Fall Product Program)

While planning your money-earning activity, please refer to the current editions of *Safety Activity Checkpoints* and *Volunteer Essentials* which are available online at *girlscoutsem.org*. Complete this application and submit to your Neighborhood Treasurer for approval. After you receive approval from your Neighborhood Treasurer, you may proceed with the money-earning activity. (Please submit a separate application for each activity.)

Troop Number: _____ District: _____ Neighborhood: _____

Program Level: D   B   J   C   S   A   Number of girls in the troop: ___ Type of money-earning activity: _____

Dates of money-earning activity: _____

Girl Scout-related event/activity for which funds are needed: _____

Dates of Girl Scout-related event/activity: _____

Place Girl Scout-related event/activity will be held: _____

Total cost of event/activity: $_____ Goal to be earned by troop: $_____
Amount to be earned per girl: $_____

How will troop funds be kept until the event/activity? _____
*All troop monies must be deposited in bank accounts and maintained in the name of both Girl Scouts of Eastern Missouri, Inc. and the number of the troop establishing the account.

Date of last money-earning activity: _____

Did the troop participate in the last Cookie Program?   Yes _____ No _____

Did the troop participate in the last Fall Product Program?   Yes _____ No_____

Troop money-earning activities should be conducted in the name of the troop and monies are considered troop funds. Monies earned may not be allocated or refunded to individual troop members.

Leader Signature: _____ Date: _____ Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Troop Money-Earning Activity Organizer (if different from leader) Signature: _____

Approved: _____ Date: _____
          (Neighborhood Treasurer Signature)

REPORT OF MONEY-EARNING ACTIVITY
(Complete and return form to Neighborhood Treasurer within one week after activity.)

LEADER'S NAME: _____ TROOP: _____

DATE OF ACTIVITY: _____ NUMBER OF GIRLS WHO PARTICIPATED: _____

INCOME: _____ EXPENSES: _____ NET PROFIT: _____

Comments: Please use reverse side.

P-14
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5/2023