



Money-Earning Activity Application

www.girlscoutsgcnwi.org

Forward to service unit designee **at least four weeks** before activity date.

Troop # _____ Service Unit # _____ Date of request _____

Leader name _____ Phone # _____

Address _____

E-mail address _____

Number of girls _____ Grade Level: Brownie Junior Cadette Senior Ambassador

Proposed money-earning activity description: _____

Purpose for which money will be used: _____

Method for earning money (*commercial products cannot be sold*): _____

Beginning Date: _____ Ending Date: _____

\$ _____ Income anticipated from activity

\$ _____ Expenditures associated with activity

\$ _____ Total profit

Troop Budget (Are troop dues collected? ___ If yes, how much? _____ How often? _____)

\$ _____ Balance on hand as of (date) _____

\$ _____ Total cost of trip/event

\$ _____ Amount still needed for trip/event

Local solicitation permit applied for? _____ **Yes** _____ **No** _____ **N/A**

We anticipate applying for additional money-earning activities. _____ **Yes** _____ **No**

I have read and understood council and national money-earning activities guidelines and procedures.

Signature of Leader _____

Signature of SU Manager or Designee
Forward to membership specialist

Date

Signature of Membership Specialist

Date

FOR OFFICE USE ONLY

Date leader notified: _____ Notification method: Phone E-mail

Money-earning activity has been: Approved Not Approved

Additional reason and/or comments: _____