

Permission for Troop Money-Earning Project

Please complete form and return to your Member Engagement Coordinator at your local service center.

Service Unit _____ Troop # _____ Grade Level _____ #of Girls _____

Troop Leader Name _____

Address _____ City _____ Zip Code _____

Email _____ Phone # _____

Date of proposed Troop Money-Earning Project _____

Amount of product sale proceeds Fall Product Activity \$ _____

Cookie Program \$ _____

Other income to date \$ _____

Troop Budget

Balance on hand \$ _____

Anticipated income for the rest of the year \$ _____

Income from Troop Money-Earning Project \$ _____

Total Income \$ _____

Estimated expenses for the rest of the year \$ _____

Balance \$ _____

Reason for Troop Money-Earning Project:

Brief description of Troop Money Earning Project:

How does the Troop Money-Earning Project benefit the girls with this experience and fit with your overall troop program?

If you are unable to raise enough money to finance your event do you have alternate plans?

_____ Yes _____ No Please explain:

I have read the Troop Money-Earning information in the Volunteer Essentials and I will try to the best of my ability to adhere to the policies and guidelines.

Troop Leader Signature _____ Date _____

For council use only: Approved _____ Yes _____ No Date notified: _____

Member Engagement Coordinator _____ Date _____