



Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

MONEY-EARNING APPLICATION

Complete and return to your membership staff person AT LEAST THREE WEEKS PRIOR to making any money-earning commitments. Return the entire form -- do not cut off the bottom portion. After this application is approved, a copy will be returned to you. After your money-earning event, complete the bottom section and return the entire form to the program center.

Service Unit _____ Troop # _____ Age Level: BR JR CD SR S2B
Troop Leader _____ Phone (____) _____
Address/City/Zip _____
Email _____

Explain the proposed money-earning activity (*be specific and attach supporting material if available*):

Date and Time _____ Location _____

The money raised will be used for (*be specific*) _____

I have read the Girl Scouts of the Fox River Area, Inc. policy relating to money-earning and have reviewed *Safety-Wise* standards pertaining to money-earning activities. The girls in the troop have been given the opportunity to participate in the fall product and cookie sales. I agree to complete the report section of this application within *two weeks* of the conclusion of the money-earning event.

Date of Application _____ Approved on _____

Troop Treasurer Signature Council Representative Signature

Troop Leader Signature

MONEY-EARNING REPORT

This portion to be completed and returned to your membership staff within two weeks of the conclusion of the money-earning event. Return the entire form -- do not cut off the bottom portion.

Total Proceeds \$ _____

Did you incur any problems?

What did the girls learn from this activity?

Troop Treasurer Signature Troop Leader Signature