

Girl Scouts of Tulip Trace Council, Inc.
5596 East State Road 46
PO Box 5485
Bloomington, Indiana 47407-5485
812-336-6804 or 800-467-6804

REQUEST FOR TROOP/GROUP MONEY EARNING PROJECT

After participation in the cookie sale and the council's fall product sale, troops/groups may conduct one non-product money earning project. For any additional money earning project or product sale this form must be completed.

Complete in duplicate. Keep one copy and send one copy to your service unit manager **AT LEAST FOUR WEEKS prior to the date of your requested project**. Your service unit manager will then send it to the council service center for approval.

Troop #: _____ Program Level: _____ Service Unit: _____

Date of application: _____ Date of activity: _____

The troop money earning project is to finance _____

We have had _____ (#) money earning projects since our last financial report; this includes the Girl Scout cookie sale and fall product sale.

Please list:

Project _____	Date _____	Profit/Loss _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Money Earned to Date _____

The money earning project is to be held:

Location: _____

Duration of Fund-raiser (# of hours, #of days, weeks, etc.) _____

The money earning project planned is: (Describe in detail, attach additional sheets if necessary.)

(over)

If money earning project is for a trip, the date of trip approval: _____

# of girls registered in troop	_____	# of adults registered with troop	_____
# of girls participating	_____	# of adults participating	_____

Amount of money expected to be earned	\$ _____
Anticipated expenses of project	\$ _____
Expected troop profit would be	\$ _____

Donations: (Specify what and from whom.) _____

We understand approval will not be given unless a current financial report is on file at the council service center.

Signatures:

_____ Troop Treasurer	_____ Service Unit Manager	_____ Date
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_____ Troop Leader's Name & Phone	_____ Membership Specialist	_____ Date
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_____ Troop Leader's Address/City/Zip	_____ Development Director	_____ Date
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