



## ADDITIONAL MONEY-EARNING REQUEST FORM

**Instructions: Please complete and submit to your service unit manager four (4) weeks prior to the money-earning activity.** Please make sure the activity does not coincide with product sale program blackout dates– October-November and January-March, has reasonable financial goals, follows GSWPA Additional Money-Earning Procedures, Safety Activity Checkpoints, and has strong elements of the Girl Scout Leadership Experience. All money-earning activities which support Girl Scout troops/groups members are meant to be girl-led learning opportunities. Girls are to have a part in the money-earning process from initial planning through evaluation.

**All money-earning activities must be approved prior to major planning steps taking place (scheduling, ordering supplies, publicizing, etc...).**

Service unit # \_\_\_\_\_ Troop/group # \_\_\_\_\_

Enter number of girls/adults participating this activity in each level:

Girl Scout Brownie \_\_\_\_\_ Girl Scout Junior \_\_\_\_\_ Girl Scout Cadette \_\_\_\_\_

Girl Scout Senior \_\_\_\_\_ Girl Scout Ambassador \_\_\_\_\_ Adults \_\_\_\_\_

Leader: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone-Day \_\_\_\_\_ Evening \_\_\_\_\_

Email Address \_\_\_\_\_

The troop participated in the council's product sales:

Girl Scout Cookie Program – revenue \$ \_\_\_\_\_ Per girl average (# of boxes) \_\_\_\_\_

Girl Scout MagNut Program– revenue \$ \_\_\_\_\_ Per girl average (\$) \_\_\_\_\_

Please describe the proposed money-earning activity and how these funds will be used. Include details about how the girls decided on this money-earning activity and their goal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated revenue from proposed money-earning activity is \$ \_\_\_\_\_

Current balance in troop/group treasury \$ \_\_\_\_\_

Proposed Location: \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Troop Leader Signature Date

\_\_\_\_\_  
Finance Manager Signature/Service Unit Manager Date

\_\_\_\_\_  
GSWPA Staff Signature Date

Proposed Money-earning activity approved  Yes  No– if no, please explain

\_\_\_\_\_  
\_\_\_\_\_