



Permission for Troop Money-Earning Project

Complete form and return to your Membership Specialist at your service center.

Service Area _____ Troop # _____ Grade Level _____ # of girls _____

Leader's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____

Date of proposed Troop Money-Earning Project _____

Amount of product sale proceeds Fall Products 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 and who is involved:

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 Chapter 6: Managing Group Finances of *Volunteer Essentials* (Money-Earning Basics) section and I will try to the best of my ability to adhere to these policies and guidelines.

Volunteer's Signature _____ Date _____

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|-----------------------------|---|---------------------|
| For council use only: | Approved <input type="checkbox"/> Yes <input type="checkbox"/> No | Date notified _____ |
| Membership Specialist _____ | Date _____ | |