

Money-Earning Activity Request

This form is to be used by Girl Scout groups to request approval for money-earning activities. To be eligible for money-earning activities, your group/troop must actively participate in both of the Council's Fall Product Program and Cookie Program. Send this completed form to your Service Unit Finance Coordinator one month in advance of the intended activity. Completion of this form is a request to participate in money earning and must be approved prior to the activity/event. In order to safeguard group funds, do not commit non-refundable deposits until your request is approved. See *Volunteer Essentials* for policies and standards related to money-earning activities.

Part I Troop Information

Group/Troop:		Service Unit:		Date Submitted:	
Program Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador					
Number of girls in group:				Number of girls participating in activity:	

Part II Leader/Adviser Information

Name:					
Street Address:					
Zip:		Primary Phone:		Secondary Phone:	
Email:					

Part III Describe the Money-Earning Activity

We would like to...		
We are planning to use the additional funds to... (ex. Trip, Take Action Project, Girl Award, etc.)		
Date of Activity:	We hope to raise:	We had a meeting with parents about this activity on:
	\$	
Product Sale Participation:		
Fall Products (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not held yet, but plan to actively participate
Cookie Sale (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not held yet, but plan to actively participate

AGREEMENT: I am aware of GSCCC and GSUSA money earning policies and standards found in *Volunteer Essentials* and *Safety Activity Checkpoints* and agree to comply with all appropriate policies and standards. I further agree all monies earned will be submitted to Council for receipt and the full amount will be returned to my group if in good standing with Council.

This form may be filled in and emailed to the next individual.

Signature of Leader/ Adviser:		Date:	
APPROVAL SIGNATURES: (only need signature from one of the following volunteers below)			
Service Unit Finance Coordinator Signature:	Date:	Service Unit Coordinator Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	
Remarks/Explanation:		Remarks/Explanation:	
Leader/ Adviser notified by:		Date:	

**If Not Approved, and you would like further consideration, please send appeal to Council at philanthropy@gsgccc.org.*