Application for Money-Earning Activity

Girl Scouts of Eastern Washington and Northern Idaho

Troop / Service Area (Please Circle)

1404 N Ash Spokane, WA 99201 509-747-8091 or 800-827-9478 Fax 509-624-0466

Completed Application is to be sent to your Membership Coordinator at least four weeks before your planned money earning activity.

Troop # _____ Service Area # _____ Girl Grades: PK/K ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____

6th ____ 7th ____ 8th ____ 9th ____ 10th ____ 11th ____ 12th ____

Contact Person: _____ Phone: H (_____) _____ W (_____) _____

Mailing Address _____ City _____ State _____ Zip +4 _____

Did Troop/SA participate in cookies? _____ How much was earned for the SA/Troop? $_____

Did Troop/SA participate in QSP? _____ How much was earned for the SA/Troop? $_____

SA Bank account balance: $_____ Date: _____

Describe Money Earning Activity (please use back of form if needed):

_____

_____

_____

Describe how you will promote the Money Earning Activity (please use back of form if needed):

_____

_____

Date of Activity: _____ Location of Activity: _____

Name of Certified First Aider attending: _____

How much do you plan to earn from the Money Earning Activity? $ _____

How will this money be used by the Troop? (please use back of form if needed)

_____

_____

Staff Use:

_____

_____

We have read, understand, and will abide by GSUSA and Council Policies and Safetywise.

Signed: _____ Date: _____

Troop Leader or Service Area Representative

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Membership Coordinator Endorsement

I have reviewed and approved this Application for a Money Earning Activity.

Signed: _____ Date _____

Council Approval

( ) Approved ( ) Not Approved

Signed: _____ Title: _____ Date _____

Staff Comments: (On Back of Form)

Original to Troop Leader

cc: Membership Coordinator

Director of Membership

Will Non Girl Scouts be Attending: Yes/No

Has Troop/SA Paid for Insurance: Yes/No

Is Certificate of Insurance Required: Yes / No

Has Council Notified Ins Company: Yes / No