

# 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 \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_  
6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

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)

<b>Staff Use:</b> _____ _____
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*We have read, understand, and will abide by GSUSA and Council Policies and Safetywise.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Troop Leader or Service Area Representative

## 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**