

APPLICATION FOR MONEY-EARNING PROJECT

(See Standard 29 *Safety-Wise*)

Complete form in triplicate. Submit 2 copies to your Service Unit Director and/or Field Manager, in the absence of a Service Unit Director **THREE WEEKS BEFORE YOUR MONEY-EARNING PROJECT**.
Keep one for troop records.

Troop/Group # _____ Studio 2B/Juliettes/Program Level _____ Service Unit _____

Leader's Name _____

Leader's Address _____

Street

City

Zip

Home Phone _____ Work Phone _____

Number of girls in troop _____ Number of girls participating _____

Project for which permission is requested _____

to be held on _____ at _____

Date

Place

We expect to earn \$ _____ to help with our plans for _____

Our troop/group participated in the cookie sale as of _____

Our troop/group participated in the fall product sale as of _____

We have had _____ other money-earning projects this year. Current balance in troop/group account(s) _____

Signature of Service Unit Director or Staff

Date Submitted

Approved

Not Approved

(Return this portion of the form to your Service Unit Director within ten days after the project)

REPORT OF FUNDS EARNED BY MONEY-EARNING PROJECT

Date _____ Total Amount Earned \$ _____

Cost of Materials \$ _____

Net Profit to Troop/Group \$ _____

These funds have been placed in account # _____ at _____

We received parental permission for every girl participating. Yes No

We do do not recommend this money-earning project for others.

Signature of Troop/Group Leader