

Application for Troop Money Earning Project

Troop#Serv	Service Unit Grade Level:			Number of Registered Girls:					
Leader/Advisor Name		Day Phone		Evening Pho		one			
Address					City Zip				
Email Address									
Council Policy: Troo for additional money has ended.					ale each year before of tering after the cook				
Did troop participate i	-	,	es 🗖 No						
	n the Fall Product Sa	le? (Check one) 🗖 Ye	es 🗖 No						
Proposed Troop Mon									
Money-earning projec	t				Date				
Site# of girls expected to participate									
Estimated income \$ _					Estimated profit \$				
Anticipated use of fun	ds from project								
Estimated Troop dues	income for the year								
Estimated Troop inco	me from Council Cod	okie Sale			<u>—</u> .				
Estimated Troop inco	me from Fall Product	t Sale			<u>—</u>				
Troop bank balance at	the beginning of the	year							
		Total							
Reports for completed	d money-earning pro	jects must be filed with	nin one mo	onth after	completion of project.				
Agreement									
We understand that th	nis is a request for ap	proval. We will not ma	ke final arr	angemen	ts for troop money-ea	rning projects other			
than Girl Scout fall product or cookie sales until we have received Council approval. We will complete all necessary forms and									
return them to the area office at the appropriate time. We agree to follow Girl Scouts of Texas Oklahoma Plains, Inc. and Girl									
Scouts of the USA poli	cies and standards.	If during the planning p	rocess, si	gnificant c	changes occur in the in	formation on this			
application, we will notify our Community Development Specialist.									
Signature of Girl: Trip (Chair, President or Se	Date							
Signature of Leader/A	dvisor/Coordinator				Date				
	east four weeks befo	FOR OFFICE USE ONLY							
money-earning project to:				Date application					
Community Development Specialist					received				
Girl Scouts of Texas Oklahoma Plains, Inc. Your Area Office:				Money-earning approved: ☐Yes ☐No					
Abilene Area Office 278 S. Pioneer Dr., Ste. 107 Abilene, TX 79605 325-670-0432 888-670-0432	Amarillo Area Office 6011 SW 45 th Avenue Amarillo, TX 79109 806-356-0096 800-687-4475	Fort Worth Area Office 4901 Briarhaven Rd Fort Worth, TX 76109 817-737-7272 800-582-7272	Lubbock Ai 2567 74 th S Lubbock, T 806-745-28 800-530-49	Street IX 79423 855	Southlake Service Center 584 N. Kimball Ave. Southlake, TX 76092 817-281-7578 800-709-2299	Wichita Falls Area Office 2106 Kemp Blvd. Wichita Falls, TX 76309 940-723-4336 866-709-2299			



Troop #	roop # AreaService Unit								
Grade Level: □ B □ J	□C □S	□A	Number of registered g	irls					
Leader/Advisor Name			_Day Phone	Evening Phone					
Address			_City	Zip					
Email address									
Description of Money-Earning Project:									
,									
Date of Project:									
Amount of income	\$		_						
Amount of expenses	\$		<u> </u>						
Amount of profit	\$		<u> </u>						
(Please use the back of the	page to write ac	dditional co	omments)						
	How did the girls benefit from this project (skills, values, knowledge)?								
J	1 3 (,	,						
Was the project suitable to	the girls' ages ar	nd abilities	? Explain why or why not.						
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What problems (if any) did	the troop encou	unter?							
, , , , , , , , , , , , , , , , , , , ,	·								
What recommendations we	ould you make t	o other tro	ops planning a similar pro	oject?					
Signature of Leader/Advisor				Date					
Signature of Girl Member				Date					
Mail this form within one me	anth after project	ot to:							
Mail this form within one month after project to:									
Community Development Girl Scouts of Texas Oklaho	•								
Your area office:	1111a Maii 15, 111C.								

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Fort Worth Area Office 4901 Briarhaven Rd Fort Worth, TX 76109 817-737-7272 800-582-7272

Lubbock Area Office 2567 74th Street Lubbock, TX 79423 806-745-2855 800-530-4957

Southlake Service Center 584 N. Kimball Ave. Southlake, TX 76092 817-281-7578 800-709-2299

Wichita Falls Area Office 2106 Kemp Blvd. Wichita Falls, TX 76309 940-723-4336 866-709-2299