

Money Earning Application

DUE TWO (2) MONTHS PRIOR TO ACTIVITY

Read "Managing Your Finances" in Volunteer Essentials (page 61). Complete this form and submit to your local Membership Staff Member for approval. Form must be completed in full to be accepted.

RAFFLES, GAMES OF CHANCE, DRAWINGS, DEMONSTRATIONS AND FUNDRAISING FOR ANOTHER COMPANY OR BUSINESS ARE NOT ALLOWED.

Troop Number: _____ Service Unit: _____ No. Girls in Troop: _____
 Leader/Event Organizer Name: _____
 Address: _____ City & State: _____ Zip: _____
 Phone Number of Contact: _____ Email of Contact: _____

Current Status

Current Troop/Group/SU Account Balance: \$ _____

Income Sources

Date of Participation

Amount Earned

MagNut	_____	\$ _____
Cookies	_____	\$ _____
Other (Please Specify): _____	_____	\$ _____
Other (Please Specify): _____	_____	\$ _____
Other (Please Specify): _____	_____	\$ _____

Money Earning Requests

Name of Project: _____ Date: _____
 Location of Project: _____
 Describe Project: _____

Amount Needed: \$ _____ Reason(s) for needing additional funds: _____

Name Any Businesses Involved in Project: _____
 Is this your first fund raising project? Yes No Date of last request: _____

 Leader/Event Organizer Signature

 Date

COUNCIL USE ONLY

DATE RECEIVED: _____ DATE APPROVED: _____ DATE DENIED: _____
 DENIAL REASON: _____
 DATE OF NOTIFICATION: _____ STAFF APPROVAL SIGNATURE: _____