



Activity & Money Earning Notification

Submit form to your local Membership Staff Member 2 months prior to a money-earning activity.

NOTE: no raffles and games of chance are permitted per GSUSA policy.

		•	Service Unit:
Date of Activity:		Begin Time:	Service Unit: End Time:
Description of Activity and/or Mo	oney Earning: _		
Location of Activity and/or mone	ey earning:		
Person Responsible:		Cell Phone o	f Person Responsible:
Is this a Girl Scout only activity o			
			ivity (additional insurance required)
Number of girls attending: Number of adult attending:		e girls going to	be transported:
Number of addit attending.			
Is your SafetyWise number met l	by adults?	☐ Yes	□No
Do you have a designated, traine			
Have you gotten additional insura	ance?	☐ Yes	□ No
What is the reason your are see	eking addition	al funds outsic	le of the council sponsored product sales?
DATE RECEIVED:		OUNCIL USE ONLY NCIL SIGNATURE:	

GSNMT FORMS REVISED JULY 2018