

Activity & Money Earning Notification

Submit form to your local Membership Staff Member 1 month prior to a money-earning activity. Submit form 5 days prior to an activity change. NOTE: no raffles and games of chance are permitted per GSUSA policy.

Today's Date:	_ Troop #:		Service Unit:
Date of Activity:		_ Begin Time:	Service Unit: End Time:
Description of Activity and/or Mone	y Earning:		
Location of Activity and/or money e	arning:		
			Responsible:
Is this a Girl Scout only activity or a ☐ Girl Scout Only Activity	Tag-a-long/fan	nily activity?	
Number of youth attending:	_ Numb	er of adult attending: _	
How are participants going to be tra	ansported:		
Have you met your volunteer to you	th ratio? Yes	No	
Please share the name of your first aide	er:		
NOTE: please review Safety Activity Checkpoints	for the specific activ	vities your troop is participating	in for the latest guidelines and standards.
What is the reason your are seek	ing additional	l funds outside of the	council sponsored product sales?
DATE RECEIVED:		UNCIL USE ONLY CIL SIGNATURE:	