girl scouts of the florida panhandle

Courage, Confidence, Character

Troop Money Earning Project Application

Fill out and mail to the Director of Community Development **four (4) weeks** prior to project. NOTE: The number of projects to be approved per Girl Scout year (October 1 – September 30) depends on the age level. Participation in the council sales is **required** before permission will be granted for an additional fundraiser.

Please see Volunteer Essentials and SafetyWise for additional information.

NO FUNDRAISER MAY BE DONE DURING THE UNITED WAY BLACK-OUT PERIOD (TYPICALLY 9/1 – 11/15).

Troop #: _____ Age Level: _____ # of Girls: _____ Service Unit: _____

Leader Name: _____

Mailing Address: _____
Street *City* *State* *ZIP*

Hm Phone: _____ Wk Phone: _____ E-Mail Address: _____

Our troop requests permission for a money earning project. We have assessed our needs after studying our budget and need to earn $ _____.

Purpose of additional funds being requested: _____

_____

_____

Type of fundraising activity being proposed: _____

_____

_____

Planned Date: _____ Planned Location: _____

I agree that this project will be carried out according to council policy and under the conditions stated in *Safety-Wise*.

_____ _____
Leader or Troop Treasurer ***Date***

Council Office Response

(Council will notify leader of approval/disapproval by email or postcard)

Money earning project: ☐ has been approved ☐ has not been approved

Council Approval: _____ Date: _____

Comments: