girl scouts of ohio's heartland

Girl Scouts of Ohio's Heartland
1700 WaterMark Drive
Columbus, Ohio 43215-1097
614-487-8101 or 800-621-7042
614-487-8189 (fax)
gsoh.org

Troop/Group Money-Earning Activity Application

Written approval must be granted by the Service Team prior to finalizing commitment to money-earning activity. Must be submitted to Service Team 30 days prior to proposed activity date.

_____
Date of Application

☐D ☐B ☐J ☐C ☐S ☐A

Troop/Group # | Program Age Level (Circle one) | Service Unit #

Leader's Name | E-mail address | Phone #

Address | City | Zip

1. Majority of troop/group members participated in Fall Product/Cookie Programs: ☐ Yes ☐ No
2. Why is the troop/group raising money? _____

_____

_____

3. What is the cost total project? _____
4. What is the current amount of money in the treasury? _____
5. What is the troop/group money-earning activity? _____

_____

_____

6. When and where is the activity to take place? (Be specific) _____

_____

_____

7. Parents of each member have been informed of the activity and have given their written consent for their daughter's participation in the activity. ☐Yes ☐No
8. **Attach budget for troop activity.**

I understand and accept my responsibilities which include:

*accurate and timely record keeping, reporting, collection, and payment of money
*demonstrate careful and responsible handling of all money in my possession
*money lost by me or stolen from me is my responsibility

Girl Scouts takes the unauthorized conversion of funds owed very seriously and will implement whatever steps are required to recover money owed.

Leader's Signature _____

SERVICE UNIT USE ONLY

Verified written parental consent ❑

Approval given: ❑ Yes ❑ No

Date _____

_____
Service Team Signature

United Way Member Agency

File 3 copies:
Service Unit, Troop/Group
Volunteer Services Manager