

**FOR OFFICE USE ONLY**  
CORPORATE MANAGEMENT  
ORGANIZATION & STRUCTURE  
BANK ACCT. INFORMATION/  
FINANCIAL REPORT  
TROOP # \_\_\_\_\_

**GIRL SCOUTS OF LOUISIANA –  
PINES TO THE GULF COUNCIL  
TROOP/GROUP MONEY EARNING  
ACTIVITY REQUEST**

Girl Scouts of Louisiana – Pines to the Gulf  
1720 Kaliste Saloom Rd., Suite C-1  
Lafayette, LA 70508-6140  
T 337 984 1142 800 960 2093  
F 337 984 2799  
www.girlscoutsbayou.org

Complete and mail forms to the council service center at least **one month** prior to conducting any planned money earning activity. Participation in council sponsored Product Sales and the Family Partnership Campaign is not required for approval.

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**INSTRUCTIONS:**

Troop # \_\_\_\_\_ Program Level \_\_\_\_\_ Service Unit # \_\_\_\_\_ # of Girls: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

email \_\_\_\_\_

1. Did your troop/group participate in the QSP Magazine and Nut Sale Activity? \_\_\_\_ Yes \_\_\_\_ No  
If not, why not? \_\_\_\_\_

2. Did your troop/group participate in the Cookie Sale Activity? \_\_\_\_ Yes \_\_\_\_ No  
If no, why not? \_\_\_\_\_

3. Did your troop/group participate in the Family Partnership Campaign? \_\_\_\_ Yes \_\_\_\_ No  
If no, why not? \_\_\_\_\_

4. What troop/group activity are you planning which requires additional money?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Cost of the activity is estimated to be \$ \_\_\_\_\_  
Amount to be raised by group \$ \_\_\_\_\_  
Amount to be paid by individual girl(s) \$ \_\_\_\_\_  
Other sources \$ \_\_\_\_\_

6. Money earning activity planned? \_\_\_\_\_  
Where: \_\_\_\_\_ Date: \_\_\_\_\_ Goal: \$ \_\_\_\_\_

7. How will the girls be involved in planning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In carrying out? \_\_\_\_\_  
\_\_\_\_\_

In evaluating? \_\_\_\_\_  
\_\_\_\_\_

8. Consult *Safety-Wise* concerning fund raising standards.

List pages:

FOR OFFICE USE ONLY

DATE \_\_\_\_\_

\_\_\_\_ APPROVAL

\_\_\_\_ DISAPPROVAL

COMMENTS:

FUND DEVELOPMENT DIRECTOR \_\_\_\_\_  
SIGNATURE

DATE \_\_\_\_\_

\_\_\_\_ APPROVAL

\_\_\_\_ DISAPPROVAL

COMMENTS:

CHIEF EXECUTIVE OFFICER \_\_\_\_\_  
SIGNATURE

Action taken on money earning activity request:

Form P-501 Action Taken on Troop Application mailed to leader by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date