

**PERMISSION FOR TROOP/GROUP MONEY-EARNING**

**Council approval is needed for all contracts and agreements prior to making deposits. Please provide a Certificate of Insurance.**

**Financial Responsibility: Girl Scout troops or groups, eligible to participate in council-wide Cookie Program (product sales) are expected to do so before any troop or group money-earning activities will be approved.**

All Troop/Group money-earning activities, excluding the annual Product Sales Program, MUST have Service Team and SU & Troop Support Specialist approval **30 days prior to the activity**

The troop/group has participated in the year's Cookie Program.  Yes  No      If no, date troop/girls registered \_\_\_\_\_  
 #Girls Sold \_\_\_\_\_ #Boxes Sold \_\_\_\_\_ #Girls registered at the time of Cookie Program/Product Sales \_\_\_\_\_

Use the following checklist to ensure compliance with Volunteer Essentials and GSCM Policies 02-210

- Troops/Groups should not have more than two money-earning projects, not including the Council Cookie Program, during the membership year. (Refer to the Financial + Money-Earning Policies for Troops/Groups).
- Permission has been/will be obtained in writing from each girl's parent or guardian and maintained on file by the Troop Leader.
- This money-earning activity is suitable to the ages of the girls in the troop/group, and consistent with Girl Scout program.
- An adult/girl ratio will be followed as outlined in the Volunteer Essentials.
- This activity does not involve direct solicitation for monies (this includes: GoFundMe and other social media electronic fundraising pages).**

Please provide a brief description of the event/activity and explanation of the girls' responsibility in carrying it out:

Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

How do the girls intend to use the proceeds from this event/activity?

Other money earning activities the troop/group has participated in this year: \_\_\_\_\_

Service Unit # \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Grade Level \_\_\_\_\_ #Girls in the Troop \_\_\_\_\_ Requests permission for the following money-earning activity

Name of registered Adult-in-Charge \_\_\_\_\_ Email Address \_\_\_\_\_

Leader's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip Code

First Aider (Must be different than the Leader/Adult in charge): \_\_\_\_\_ Certification Date: \_\_\_\_\_

Troop Leader: _____	Date: _____
signature	
Service Unit Manager: _____	Date: _____
signature	
SU & Troop Support: _____	Date: _____
signature	

**Please submit this form to [membercare@gscm.org](mailto:membercare@gscm.org) with attached Event/Activity Flyer and contracts**