

Money-Earning Activity Report

Submit to the Mobile or Montgomery Service Center **within 14 days** of completing money-earning activity.

Troop Information

Leader Name: _____ Troop # _____ Service Unit _____

Address _____ City/State/Zip _____

Telephone: Home # _____ Work # _____ Cell # _____

E-mail Address: _____

Grade Level Daisy Brownie Junior Cadette Senior Ambassador

Activity Information

Money-Earning Activity _____

Location _____ Date _____

Income from project \$ _____

Expense of project \$ _____

Net profit to troop/group \$ _____

Comment Briefly on the Following:

Number of participants Girls _____ Adults _____

Did the troop consider the project a success? Yes No

Why or why not? _____

Was money used as planned? Yes No

If not, please state how it will be used and when _____

List helpful hints that other troops could use (materials, resources, personal contacts, place, freebies, etc.)
