

Girl Scouts of Southern Illinois Troop Money Earning Evaluation

Submit this form to your Service Unit Director within one week after the completion of the money-earning activity.

Service Unit: _____ Troop #: _____ Grade Level: D BR JR CAD SR AMB

Troop Leader: _____

Phone: (H) _____ (C) _____

Number of girls who participated in money-earning activity: _____ Number of girls in troop: _____

1. Type of money-earning activity held: _____

Date of money-earning activity: _____

2. Do you think this activity was successful? YES NO

Explain why: _____

3. Were there any problems or medical emergencies? YES NO

If yes, explain: _____

4. Would you recommend this money-earning activity to other troops? YES NO

Comments/Suggestions: _____

How much money was taken in: \$ _____

Expenses \$ _____

Net Profit / Loss (circle one) \$ _____

Leader's signature: _____ Date: _____