

APPLICATION FOR MONEY EARNING PROJECT

See Council Policies, Standard 29 (Safety-Wise)

Submit completed form with the "Budget for Events & Money Earning Projects" (PS-5) to your Neighborhood or Financial Consultant/Designee, **THREE WEEKS BEFORE YOUR MONEY EARNING PROJECT.**

Troop/Group #	Program Level	Neighbo	Neighborhood	
Leader's Name				
Leader's Address				
_	Street	City	Zip	
Home Phone		Work Phone		
Project for which p	permission is requested			
to be held on		at		
We expect to earn	\$to help	with our plans for		
Our troop/group p	participated in the cookie sa	ale as of		
We have had	other money earni	ng projects this year.		
	n troop account(s):	51 5 5		
current balance n	11100p account(5)			
Sianature of Neiahbor	rhood or Financial Consultant/De	sianee		
	Date: /	5		
Not Granted	Reason:			
(Return this porti	ion of the form to your Neighborh	nood or Financial Consultant/Desig project.)	nee within ten days after the	
R	EPORT OF MONIES EAI	RNED BY MONEY EARNING	G PROJECT	
Date		Total Amount Earned	\$	
		Cost of Materials		
		Net Profit to Troop/Group		
These monies have	e been placed in account #	at _		
	•			
We ∐do ∐do	not recommend this mone	y earning project for others.		

Signature of Troop/Group Leader

MS-24 af GSACPC, Inc. 06/05 **Copies:** Θ White (Neighborhood) Θ Yellow (Troop)