

Girl Scouts of Citrus Council, Inc.
341 N. Mills Ave., Orlando, FL 32803
(407) 896-4475 or (800) 367-3906
www.citrus-gs.org

REPORT OF MONEY-EARNING PROJECT

(Standard 29, Safety-Wise, p.75)

Troop # _____ Service Unit _____ Program Age Level _____ # Registered girls _____

Leader's Name: _____ Day Phone (____) _____ Evening Phone (____) _____

Address: _____ City: _____ Zip: _____

E-Mail _____

Description of Money-Earning Project:

Date of Project: _____ Location: _____

Amount of income \$ _____

Amount of expenses \$ _____

Amount of profit \$ _____

How did the girls benefit from this project (skills, values, knowledge)?

Was the project suitable to the girls' ages and abilities? Explain why or why not?

What problems (if any) did the troop encounter?

What recommendations would you make to other troops planning a similar project?

If you made more than you needed, what will the troop do with the extra money?

Signature of Leader: _____ Date: _____

Signature of Girl Member: _____ Date: _____

Submit this form to service unit manager within 30 days after the project.