



Girl Scouts of the Missouri Heartland, Inc.
Money-Earning Activity
Follow-Up Report for Service Units

Please complete the following information and submit to the Chief Development Officer, Girl Scouts of the Missouri Heartland, 210 S. Ingram Mill Road, Springfield, MO 65802 within 30 days of your money-earning activity.

Service Unit #: _____ Service Team Manager Name: _____

Daytime Phone: _____ Email: _____

Community/Membership Development Specialist Name: _____

Date of Money-Earning Activity: _____ Describe activity: _____

Location of activity (name, street, city, state): _____

Evaluate the Money-Earning Activity

Number of girls in service unit: _____ Number of girls that participated in activity: _____

What was the role of the girls in the activity? _____

Number of adults that participated: _____

What was the role of the adults in the activity? _____

Was there a service component to this activity? Yes No

If yes, describe: _____

What did the girls learn from their participation in this activity? _____

What was the girls' evaluation of the project? _____

Overall, was the activity successful? _____ Why or why not? _____

Funds Earned: \$ _____ **Expenses: \$** _____ **Net: \$** _____

Signature of Service Team Manager: _____ Date: _____

Signature of Service Unit Treasurer: _____ Date: _____

Girl Scouts of the Missouri Heartland, Inc.

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