



Girl Scouts of the Missouri Heartland, Inc.
Money-Earning Activity Follow-Up
for Girl Scout Troops

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.

Leader Name: _____ Daytime Phone: _____

Email: _____

Service Unit #: _____ Troop #: _____ Program Age Level: _____

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 troop: _____ 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 Troop Leader: _____ Date: _____

Assistant Leader Signature: _____ Date: _____

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