girl scouts of western new york

Money Earning Evaluation
Troop/Group or Service Unit

Thank you for taking the time to complete this evaluation.
Your experience will benefit other members in our council. It is due within 30 days of the project.

EVALUATION COMMENTS

Date:	Activity was conducted by:	
Troop Number:	Service Unit:	County:
Activity Description:		
Date(s) Conducted: From :	To:	
How many girls participated in this activity?	How many adults participated?	
Were the girls satisfied with the activity? ☐ Yes ☐ No		
If no, how would they improve it?		
Were the adults satisfied with the activity? ☐ Yes ☐ No		
If no, how would they improve it?		

PROFIT FROM THIS ACTIVITY

$	Income received from this activity
$	Expenses of conducting this activity (please specify)
$	-
$	-
$	-
	Total expenses

$	Profit from this activity (subtract expenses from income)

Signature:_____Date: _____

☐ Leader of troop/group money earning activity

☐ Service Team Member if this was a service unit money earning activity

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Submit As Follows: Troop Leader submits form to Service Unit Support Specialist
Service Unit Support Specialist will submit a copy to the Service Unit Finance Consultant