

Farthest North Girl Scout Council

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Troop/Group Money Earning Report

Please complete and submit to the Council within two weeks after the completion of the project.

Troop #: _____ Service Unit: _____

Leader: _____ Phone Number: _____

Money Earning Activity: _____

Event Date: _____ Event Location: _____

Goal Amount: _____ Actual Amount Raised: _____

Evaluation of Event/Planning:

Please provide a brief summary of the event:

What, if anything would you do differently?

What would you do the same? _____

Other Comments: _____

Troop Leader Signature: _____ Date: _____