



MONEY EARNING ACTIVITY EVALUATION

Troop # _____ Troop Level: _____ Service Unit: _____

Girls Participating in Project: _____ Leader/Adult in Charge: _____

Date and Brief Description of Money Earning Project/Event : _____

	YES	NO
Were Safety-Wise guidelines on Money Earning/Troop Finances followed?	<input type="radio"/>	<input type="radio"/>
Did every girl in the troop benefit from this money earning project?	<input type="radio"/>	<input type="radio"/>
Did every girl participate in this money earning project?	<input type="radio"/>	<input type="radio"/>
Has the troop or will the troop participated in this year's product sale?	<input type="radio"/>	<input type="radio"/>
Did the troop meet their financial goal?	<input type="radio"/>	<input type="radio"/>
Was the money earning activity age-appropriate?	<input type="radio"/>	<input type="radio"/>
Would your troop do this money earning activity again in the future?	<input type="radio"/>	<input type="radio"/>
Would you recommend this activity to other troops/groups?	<input type="radio"/>	<input type="radio"/>
Did the girls enjoy helping with this money earning activity?	<input type="radio"/>	<input type="radio"/>

How would you rate this money earning activity? Successful Good Average Bad

Expenses:

Food \$ _____

Transportation \$ _____

Postage \$ _____

Supplies \$ _____

Other \$ _____

Total Expenses \$ _____

Income:

\$ _____

\$ _____

\$ _____

Total Income from Event : _____

Income – Expenses = Net Income

Total Net Income From Event : _____

Comments/Suggestions: _____

Leader/Advisor Signature : _____ **Phone/Cell** _____

E-mail _____ **Date** _____

District Director Signature: _____ **Date Received:** _____

Development Director Signature: _____ **Date:** _____

District Directors—Please forward a copy to Chief Development Officer