

Troop/Group Support Request

Kaegi Committee

RETURN THIS FORM TO BARBARA GOFF, 2924 WOODSON RD, BALDWIN, KS 66006  
AT LEAST 2 WEEKS BEFORE THE PLANNED EVENT OR PROJECT,

This request is made by \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

For Troop/Group# \_\_\_\_\_ Date of Application \_\_\_\_\_

Program Level: Daisy\_\_\_ Brownie\_\_\_ Junior\_\_\_ Cadette\_\_\_ Senior\_\_\_

What is applicant's position with respect to this troop/group?

Describe event/project.

How are Girl Planning and Girl Decision Making involved?

Location of event/project \_\_\_\_\_ Date(s) \_\_\_\_\_

Number of girls participating \_\_\_\_\_ Number of adults \_\_\_\_\_

Total cost of event/project \_\_\_\_\_ Cost per person \_\_\_\_\_

Amount requested \_\_\_\_\_ Reason for support request \_\_\_\_\_

signature \_\_\_\_\_

9/02