



Girl Scouts, Hornets' Nest Council
 7007 Idlewild Road • Charlotte, NC 28212
 704-731-6500, Outside Mecklenburg 800-868-0528
 Website: www.hngirlscouts.org



ANNUAL TROOP REPORT

Please submit this report along with the most recent copy of your troop checking account statement to your Service Unit Manager by the **May** Service Unit Meeting. If applying for the Outstanding Troop Award, the due date for this form is April 30th and should be submitted to your Membership Specialist. All troop funds are the responsibility of the troop leader.

Troop _____ Service Unit/County: _____ Grade Level: _____ Date: _____

Leader's Name: _____

Phone: (Day) _____ (Evening) _____ (Email) _____

Address: _____

Name of Bank w/Troop Funds: _____ Acct. # _____

Address: _____

Authorized Signers on Account: 1) _____ 2) _____

LEADER INFORMATION:

Are you returning as leader next year? _____ Yes _____ No

If Yes, Thank you! If No, please give name of potential replacement: _____

Address: _____ Phone: _____

Is your assistant leader returning? _____ Yes _____ No

If Yes, Thank you! If No, please give name of potential replacement: _____

Address: _____ Phone: _____

Would you be interested in another type of volunteer position next year?

_____ Service Unit Team Member _____ Council Trainer Other _____

TROOP FINANCE INFORMATION:

ITEM	INCOME	EXPENSE
Awards (patches, try its, badges, etc)	_____	_____
Camping	_____	_____
Cookie Sale	_____	_____
Dues	_____	_____
Fall Product Sales	_____	_____
Field Trips	_____	_____
Food/Refreshments	_____	_____
Juliette Low WFF	_____	_____
Family Campaign	_____	_____
Miscellaneous	_____	_____
Other Money Earning Activities	_____	_____
Program Events	_____	_____
Registration	_____	_____
Service Projects	_____	_____
Supplies	_____	_____
TOTAL:	_____	_____

If your troop or individuals have provided financial assistance to any girls for troop activities, please estimate how many girls the troop has helped and how much has been spent. (This is separate from GSHNC financial assistance)

of girls: _____
 \$ amount: _____

_____ + _____ = _____ - _____ = _____
 Beginning Balance Total Income Total Funds Total Expense Year-End Balance

Projected Summer Expenses: _____ Activities: _____

OFFICE USE:

Membership Specialist: _____ Date: _____