



Troops are required to complete a year-end self-evaluation and submit it by JUNE 30. This form is necessary to be considered for re-appointment as a leader. Completing by June 30th is also a requirement to be considered for Super Troop status.

If you have questions, contact customer care@bdgsc.org or 304-345-7722.

01. Troop Leadership

Troop#: _____ Service Unit: _____ County Served: _____ State: _____

Troop Leader's Name: FIRST: _____ LAST: _____

Troop Leader's Email: _____ Phone: _____

Date of Leader's Current Background Check: ___ / ___ / ___

Do you intend to return as a leader next year? Yes, I am returning. No, I am not returning.

If you don't intend to continue as a leader, please help the girls in your troop continue the Girl Scout experience and recommend someone to take over the troop.

Name: _____ Phone: _____

Assistant Leader's Name: _____

Assistant Leader's Name: _____

Fall Product Chair Name: _____

Cookie Chair Name: _____

Please list any other adult volunteers and the position they hold:

What is the status of this troop for the next membership year?

Returning Merge with another troop Disbanding Not Sure Yet

02. Community Service

Community Service Project:	Total # of Girls Participating:	Total # of Hours Per Girl:

Total : _____

03. Troop Finances—Income/Expenses

Previous Year's Balance:	\$ _____	Expenses — Membership Registrations:	\$ _____
Income — Troop Dues (If you collect them)	\$ _____	Expenses—Insignia/Recognitions:	\$ _____
Income — Membership Registrations:	\$ _____	Expenses — Local, Service Unit ,Regional Events:	\$ _____
Income — Insignia/Recognitions:	\$ _____	Expenses — Camping:	\$ _____
Income — Fall Product Sale Deposit:	\$ _____	Expenses — Overnight Trips:	\$ _____
Income — Cookie Sale Deposit:	\$ _____	Expenses — Council Events:	\$ _____
Income — Overnight Trips:	\$ _____	Expenses — Program Supplies:	\$ _____
Income — Day Trips or Special Activities:	\$ _____	Expenses — Facilities/ Equipment:	\$ _____
Income — Council Sponsored Programs:	\$ _____	Expenses — Service Projects:	\$ _____
Income — Local, Service Unit or Regional Events:	\$ _____	Expenses — Postage:	\$ _____
Income — Additional Money Earning Activities:	\$ _____	Expenses — Snacks and Food:	\$ _____
Income — Donations/Sponsorships:	\$ _____	Expenses — Fall Product Sale Payment:	\$ _____
Income — Other Sources:	\$ _____	Expenses — Cookie Sale Payment:	\$ _____
		Expenses — Bank Fees:	\$ _____
		Expenses — Training	\$ _____
		Expenses — Financial Support	\$ _____
		Expenses — Other Expenses:	\$ _____
TOTAL INCOME:	\$ _____	TOTAL EXPENSES:	\$ _____

All rebates will be direct deposited into your troop account. Please provide accurate account information to avoid delays in processing your troop's rebate. *Note routing numbers contain 9 digits and are surrounded by |: on your troop check.

Please enter your full banking information here:

Bank Name: _____ Branch Name: _____

Checking/Savings Account Number: _____

Checking/Savings Account Routing Number: _____

Signers on the account:

1 _____ 2 _____

3 _____ 4 _____

Did you have any unsold boxes of cookies from this year's cookie sale? If so, how many? _____ boxes