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 customercare@bdgsc.org or 304-345-7722.

01. Troop Leadership

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

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:

_____

_____

02. Community Service

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

☑ Returning   ☑ Merge with another troop   ☑ Disbanding   ☑ Not Sure Yet

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

Total : _____   _____

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