

Girl Scouts of Northern California
Crossroads Service Unit
REQUEST FOR CRSU GOLD AWARD CELEBRATION FUNDS
(One Application per Girl Scout/Group of Girls)

Girl Scout Name(s): _____

Troop Leader Name: _____

Phone Number: _____ email: _____

Troop Number: _____ Level: _____

Brief description of your Gold Award: (use separate sheet if needed) _____

Date Gold Award(s) Approved as completed: _____

Gold Award Advisor Name(s): _____

Name and date of Event(s) at which you shared your Gold Award with other Girl Scouts/Leaders: _____

Date and type of Celebration Event: _____

Total Cost of Event: \$ _____

Total reimbursement requested \$ _____ maximum \$50 per girl

Total Number of **Original** receipts attached: _____ Total of Receipts: \$ _____

Troop Leader Signature: _____ Date: _____

Only one application accepted per girl/group for one event.

Submit form to: Leader Support Manager address on Service Unit Team Roster

CRSU USE ONLY Date received _____ Amount Approved \$ _____

Date Approved/Denied _____ Signed by (1) _____ (2) _____