



Girl Scouts of Michigan Trails
3275 Walker Avenue NW, Grand Rapids, MI 49544
www.gsmt.org (616) 784-3341 (800) 442-1401

TROOP-SPONSOR PARTNERSHIP AGREEMENT

 (Name) (Street) (City) (Zip)

agrees to sponsor Girl Scout troop/group _____
 (Number) (Level)

which is within the jurisdiction of the Girl Scouts of Michigan Trails. This agreement is for the
 period _____ to _____ and will be reviewed annually.

Because sponsorship is a partnership, the troop and sponsor agree to the following services:
 Check items below:

Services from Troop

- _____ flag ceremony
- _____ baby sitting
- _____ interpretation of Girl Scout program
- _____ neighborhood yard clean up
- _____ messenger service
- _____ serve dinners
- _____ display troop collage
- _____ provide programs
- _____ meeting place upkeep
- _____ window washing
- _____ tray favors
- _____ centerpieces
- _____ ushering
- _____ office assistance
- _____ stuffing envelopes
- _____ planting flowers, trees, bulbs
- _____ visiting elderly & handicapped
- _____ collecting items
- _____ hostessing
- _____ telephoning messages

Services from Sponsor

- _____ meeting place
- _____ transportation services
- _____ office services (registration, cookie sales)
- _____ basic supplies (handbooks, flags, badges)
- _____ program resource people
- _____ space for cookie & calendar sales
- _____ assist in adult recruitment
- _____ appoint registered representative to serve on committee
- _____ other troop committee personnel
- _____ help with community service projects
- _____ career development
- _____ public relations
- _____ financial assistance amount _____
- _____ camperships
- _____ purchase uniforms
- _____ pay leader's dues
- _____ Destinations assistance
- _____ troop trip grant
- _____ troop trip loan
- _____ project assistance

TROOP LEADER:
 Please provide copies for
 sponsoring group, membership
 executive and your records.

 Sponsoring Group Representative

 Girl Scouts of Michigan Trails Troop Leader/Representative

Phone or e-mail: _____