



Girls Go the Distance Walkathon and Activity Fair Troop Activity Table Reimbursement Form

PLEASE NOTE: *Reimbursements will be made after the event.*

Association: _____ Level: _____ Troop # _____

Leader's Name: _____ Date: _____

Address: _____

Town: _____ Zip: _____

Telephone: _____ Email: _____

Brief description of activity: _____

Estimated cost of activity based on 800 girls: _____

Amount requested (up to \$50.00): _____

Supplies needed: _____

Please describe your expenses below and provide receipts.: _____

Please forward this application to:

Sherry McGrath

Fund Development Coordinator

Girl Scouts of Nassau County, Inc.

110 Ring Road West, Garden City, NY 11530

www.gsnc.org 516.741.2550 ext. 240

