



SEED FORM NO. 2

PROJECT REGISTRATION FORM

Name of project _____ Date Started _____

Troop Name/No. _____ Age Level _____

Troop Address _____

Product/Article Produced _____

Total Cost of Materials _____ Equipment _____

Where will the project be done? _____

Where (to whom) will you sell your products? _____

Estimated No. of Articles/Packs to be produced per month _____

How long do you expect to undertake this project? _____

How many girls will do the project? _____

(Please attach list of names or write at the back)

What skills/values do you expect to learn by doing this project?

Submitted by:

Printed Name & Signature
of Girl
(For Individual Project)

Printed Name & Signature
of Troop Leader

Endorsed by: _____
Council Executive

Date _____

Accredited by: _____
Regional Executive Director

Date _____

Noted by: _____
National Executive Director

Date _____