



## Dream Dollar Redemption Form for SU Event

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Please submit form to GSMISTS [customercare@gsmists.org](mailto:customercare@gsmists.org).

Prior approval is needed. *Dream Dollar amount used per girl may not exceed event cost.*

Allow 4 weeks for processing.

Form Submitter Name \_\_\_\_\_

Phone #/Email address \_\_\_\_\_

### EVENT INFORMATION

Name of Event and SU \_\_\_\_\_

Treasurer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(This is where the check will be sent for reimbursement)*

Date of Event \_\_\_\_\_

Cost of Event \_\_\_\_\_

### DREAM DOLLAR INFORMATION

Name of Girl \_\_\_\_\_ Troop # \_\_\_\_\_

Dream Dollar Number \_\_\_\_\_

Dollar Amount requested from Dream Dollars \$ \_\_\_\_\_