

Service Unit Program Event Plan

This form must be submitted no later than two (2) months before the event is held. Program Vouchers may only be used for approved events. If this form is being submitted by a troop or Service Unit to raise general funds for their troop, a Money Earning Application must be submitted in conjunction with this form.

Event Information

Name of Event: _____

Program Level(s): Daisy Brownie Junior Cadette Senior Ambassador

Start Date/Time: _____ End Date/Time: _____

Location: _____

Event Coordinator

Name: _____ Phone: _____ Email: _____

Address: _____ City & State: _____ Zip: _____

First Aider

Name: _____ Phone: _____ Email: _____

Certification/Agency: _____

Specialist (i.e., rock climbing, rafting, archery, etc. if applicable)

Name: _____ Phone: _____ Email: _____

Company: _____

Event Information

Est. # of Girls: _____ Est. # of Adults: _____

Which Safety Activity Checkpoints are being followed for this event? Please include all Safety Activity Checkpoints that apply and any special certifications or gear if required.

Basic Description of the Event: _____

How is this event Girl Led? _____

Are you using Program Aides and/or Volunteer-In-Trainings to assist or facilitate the program?

Yes No

Would you like to use Program Vouchers for participant program fees?

Yes – Submit Program Voucher Conversion Form No

Are you willing to open this event up to the whole Council?

Yes No

Is this event open to the public/family/etc.?

Yes – Purchase additional insurance No – GS Only

Can this event be used to recruit new members & volunteers?

Yes No

(Continued on next page)

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BUDGET

ESTIMATED INCOME		ESTIMATED EXPENSES	
Program Fees		Food	
Patches, Tshirts, etc.		Transportation	
Council Program Vouchers		Lodging	
Other (Please Specify)		Admission/Entrance Fees	
TOTAL INCOME		Program Fees/Site Fees	
		Staffing (Consultants, Lifeguards, etc.)	
		Equipment Purchase/Rental	
		Insurance	
		Program Supplies (Please Specify)	
		Patches	
		Postage	
		Flyers	
		Recognitions/Gifts	
		Other (Please Specify)	
		TOTAL EXPENSES	
		ESTIMATED SURPLUS/SHORTFALL	

Event Coordinator

Date

COUNCIL USE ONLY

DATE RECEIVED: _____ DATE APPROVED: _____

DATE DENIED: _____ IF DENIED, REASON: _____

DATE OF NOTIFICATION: _____ COUNCIL SIGNATURE: _____