

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

Service Unit or Troop Hosting Event: _____
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: _____

What high risk activities for this event? If yes, what Safety Activity Checkpoints are you using for reference?

Basic Description of the Event: _____

How are girls involved in planning this event? What are the girls' names?

Are you using Program Aides and/or Volunteer-In-Trainings to assist or facilitate the program?
☐ Yes ☐ No

What other Service Units may attend this event?
List SUs here: _____

Is this event open to the public, family, etc.?
☐ Yes – Purchase additional insurance ☐ No – GS Only

Can NM Trails promote this event for council-wide participation? Please share via this link
☐ Yes ☐ No

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BUDGET

<i>ESTIMATED INCOME</i>		<i>ESTIMATED EXPENSES</i>	
Program Fees		Food	
Patches, T shirts, 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, if applicable	
		Flyers	
		Recognitions/Gifts	
		Other (Please Specify)	
		TOTAL EXPENSES	
		ESTIMATED SURPLUS/SHORTFALL	

Event Coordinator Signature

Date

COUNCIL USE ONLY

DATE RECEIVED: _____ DATE APPROVED: _____

DATE DENIED: _____ IF DENIED, REASON: _____

DATE OF NOTIFICATION: _____ COUNCIL SIGNATURE: _____