

Event Planning Application

This application must be completed for all community events. **This application is due to your community event manager a minimum of 45 days prior to the event.** You will be notified the status of your event within 7 days. This form must be completed before you finalize your plans or begin advertising this community event.

Event chair: _____

Contact information (phone, email): _____

Event name: _____ Event date and time: _____

Location (street address, city, ZIP): _____

Does the site meet standards as described in the Safety Activity Checkpoints? YES NO

Day-of-emergency contact name and phone: _____

Program level (check all that apply): Daisy_ Brownie_ Junior_ Cadette_ Senior_ Ambassador _

What is the maximum number of participants your event can host? Girls _____ Adults _____

List the basic activities your event will cover:

Would you like to advertise this event to: Village _____ Community _____ Council _____

Is the purpose of this event to earn money for a troop or the community? YES NO

If YES, please submit a Money Earning Project application with this form.

Will the event be open to non-Girl Scouts, e.g., unregistered parents or siblings? YES NO

Will you charge participants for this event? YES NO

If YES, what is the projected cost per person? Girls _____ Adults _____

Will you provide patches for girls? YES NO

Please fill out and return budget worksheet with this form.

List event committee members and contact information.

Name/troop #: _____ Phone/email: _____

Do you need any help from the community? Please list.