

## SERVICE UNIT EVENT APPLICATION

**POLICY:** ALL girl program events must be approved in writing by authorized council personnel and must follow Council procedures.

**PROCEDURES:** Submit this application for approval BEFORE proceeding with planning.

Approvals: Council staff are authorized council personnel.

Program Event Coordinators are asked to submit this application to your regional office **2 months prior to event.**

Service Unit \_\_\_\_\_ Event \_\_\_\_\_

Event Date \_\_\_\_\_ Event Site \_\_\_\_\_

Program Event Coordinator \_\_\_\_\_

Email: \_\_\_\_\_

Main activities at event: \_\_\_\_\_

Is this also a recruitment event?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not sure yet

Will event include any High Risk Activities?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not sure yet

Expected # of participants: Min. \_\_\_\_\_ Max. \_\_\_\_\_ Will non-Girl Scouts attend this event?       Yes       No

All event **fliers** must be approved before distribution (including print or electronic distribution)

Any event including **high risk activities** must submit a High Risk application form.

All **contracts** must be submitted to Council for review. Only Council Staff can sign contracts to waive liability.

Submit contract as soon as possible and allow a minimum of two weeks prior to event for signature.

**What is the primary audience?** Check all that apply:

Daisy     Brownie     Junior     Cadette     Senior     Ambassador     Juliette     Troops     Families

Will this event conflict with any major religious holidays? \_\_\_\_\_ (please avoid major holidays)

Will non-Girl Scouts attend this event?       Yes       No      (If yes, non-member insurance is required)

Is a contract required for use of facilities?       Yes       No      (If yes, submit contract for CEO signature)

If using council camp facilities, complete reservation form and submit with this application.

For events offering experiences in the out of doors, required training/certifications must be met. Provide and attach copy of certification(s)

First Aid                       Lifeguard                       Cabin Camping                       Tents  
 Primitive Camping       Back Packing                       Archery                       Canoeing  
 Other: \_\_\_\_\_                       Other: \_\_\_\_\_

**Names of certified volunteer staff:**

FOR OFFICE USE ONLY	
Date application received _____	Approved _____
Date flyer received _____	Approved _____