

Girl Scouts Heart of Central California
EVENT PLANNING INTENT FORM
 (95+ Participants)

For Office Use Money received _____
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Service Unit / Department _____	
Event Chair _____	Phone # (____) _____ <input type="checkbox"/> Girl <input type="checkbox"/> Adult
Address _____	E-mail address _____
City/Zip _____	
Training completion dates: Event Planning _____	Risk Management _____ Prepare 2B Ready _____
Co-chair _____	Phone # (____) _____ <input type="checkbox"/> Girl <input type="checkbox"/> Adult
Address _____	E-mail address _____
City/Zip _____	
Training completion dates: Event Planning _____	Risk Management _____ Prepare 2B Ready _____
Is the event coordinated by a Girl Scout ages 11-17? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:	
Advisor Name _____	Phone # (____) _____
Address _____	E-mail address _____
City/Zip _____	
Training completion dates: Event Planning _____	Risk Management _____

Event name _____ Event date(s) _____

Event time(s) _____ # Days _____ # Nights _____

Event location (include complete address) _____

Address _____ Site phone (____) _____

City _____ Zip _____

Additional insurance formula:

Age levels served (circle all that apply): D Br Jr 11-17 Adult

Number of registered girls who are of the proper age for the activity _____

Number of registered event staff, leaders and adults attending _____

Total registered members **Total** _____

Number of participants not registered as Girl Scout members (i.e. siblings, parents, community members, event staff) _____

Number of registered members who are not of the proper age for the activity (referred to as "tagalongs") _____

Total for siblings/parents/other age levels **Total** _____*

GRAND TOTAL _____

***Additional Insurance should be purchased for these people.**
 To request additional insurance use Additional Insurance Request form #3548 (available online).

Additional Insurance has been purchased as of _____ .
Date

Emergency Contact: _____ Emergency Phone (____) _____
 (Person available during event, not in attendance) (Phone # that IS NOT a cell phone)

First Aider _____
(attach a copy of her/his current certification)

Phone # (_____) _____

Does the event require a Level II First Aider? Yes No
(refer to *Safety-Wise* page 36.)

Will there be outdoor activities requiring Troop Camp Certified adults? Yes No

Will there be aquatic activities? Yes No
(if yes, attach copies of current aquatic certification from adult responsible for conducting boating activities or serving as a lifeguard).

Describe the water activities offered at the event: _____

Which applicable sections of *Safety-Wise* have been reviewed for the event? (list page #'s) _____
Please give a brief description of the program content: _____

Please list awards to be earned at the event (Try-Its, badges, etc.): _____

Attach:

- Additional Insurance Request form # 3548 and insurance check Risk management plan
 Preliminary budget Sample flyer

Event chair signature: _____ Date: _____

Reviewed by service unit/dept. manager

Signature: _____ Date: _____

Event Planning Intent forms are due in the council office:

- AT LEAST 12 WEEKS PRIOR to the camping-type event (i.e. camporee) date.
- AT LEAST 8 WEEKS PRIOR to other event dates.

Please submit the Event Evaluation form within 2 weeks of event conclusion.

(for office use only)

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved Comments: _____
Reviewed by council staff: _____ Date: _____