



Event Planning Intent

6601 Elvas Avenue Sacramento, CA 95819 • t 916.452.9181 • f 916.452.9182

girlscoutshcc.org

[95+ PARTICIPANTS]

For Office Use Money received _____

Service Unit / Department _____

Event Chair _____ Phone # (_____) _____ Girl Adult

Address _____ E-mail address _____

City/Zip _____

Training completion dates: Event Planning _____ Risk Management _____ Prepare 2B Ready _____

Co-chair _____ Phone # (_____) _____ Girl 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? Yes 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 _____ City _____ Zip _____ Site phone (_____) _____

Additional insurance formula:

Grade levels served (circle all that apply): D Br Jr Cad Sr Amb 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, and 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 _____ Phone # (_____) _____
(attach a copy of her/his current certification)



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Please refer to the "Providing Emergency Care" section of *Volunteer Essentials* to determine level of First Aid required. One first aider for each 200 participants is needed. If you have over 200 in attendance, provide two first aiders.

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 Activity Checkpoints* have been reviewed for the event? (list page #'s) _____
PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPES OF ACTIVITIES PLANNED:

Please list awards to be earned at the event (LiA, badges, etc)

Attach:

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

Event chair signature: _____ Date: _____

Reviewed by service unit/dept. manager

Signature: _____ Date: _____

Event Planning Intent forms are due in the Sacramento Regional Program Center:

- 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: Approved Not approved

Reviewed by council staff: _____ Date: _____

Comments: _____
