



EVENT AND FUNDRAISING APPLICATION

Complete this form for all events, including fundraising events hosted by a Troop or Service Unit.

Due Dates: Applications for Troop events must be submitted 30 days prior to activity date.

Applications for Service Unit events must be submitted 60 days prior to activity date.

All applications requesting distribution of flyer by Council must be submitted 30 days prior to event.

EVENT DETAILS			
Title of Event _____		Troop # _____ SU# _____	
Date/Time _____ (start) _____		(end) _____	
Location (site name & address) _____			
Program level attending: (check all that apply)			
<input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador			
Expected # (girls) _____		(adults) _____ Maximum participants for site: _____	
Fee per girl: \$ _____		Fee per adult: \$ _____ Additional Insurance purchased: _____ Yes _____ No	
FUNDRAISING INFORMATION			
Fundraising event/activity? _____ Yes _____ No			
Purpose of fundraising project: _____			
Apply funds to account: _____			
EVENT COORDINATOR CONTACT INFORMATION			
Name of Person Responsible for Event: _____			
Mailing Address: _____		City: _____ Zip: _____	
Phone # (Cell) (_____) _____		(Other) (_____) _____	
E-mail: _____			
TRAINING MAY BE REQUIRED FOR CERTAIN ACTIVITIES			
Trip Planning Training:	Phone: () Email: _____	Date Completed: _____	Exp: _____
Outdoor Training:	Phone: () Email: _____	Date Completed: _____	Exp: _____
Life Guard Training*:	Phone: () Email: _____	Date Completed: _____	Exp: _____
*Verify with Safety Activity Checkpoints which water certification is required. Attach copy of certificate			
www.girlscoutscs.org		Resource Development	
		rev 10/21	



Serving girls in Fresno, Kern, Kings, Madera, and Tulare Counties

Toll Free: 1(800) 490 – 8653
www.girlscoutscs.org

VOLUNTEER EVENT MANAGEMENT TEAM

List the name and position of at least three members of the event management team:

Name	Position	Phone # or Email
	Event Coordinator	
	Registrar	
	Treasurer	

EVENT FIRST AIDER INFORMATION

Each Troop responsible for their own first aid ____ Yes ____ No

Event First Aider Name: _____ Phone (____) _____

Type of Certification: _____ Exp. Date _____

- Level I Level II (for events of 200 or more participants)

I agree to abide by all GSCCS Volunteer Essentials and Safety Activity Checkpoints.

Signature of Event Coordinator