



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

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

## EVENT AND FUNDRAISING APPLICATION – PART I

Complete this form for all fundraisers, events, workshops, day camps, campouts or activities hosted by a Troop or Service Unit. Form must be completed online. No handwritten applications will be accepted.

**Due Dates:** Troop Fundraisers must be submitted **30 days prior** to activity date.

Service Unit workshops, events, and campouts must be submitted **60 days prior** to activity date.

All applications requesting distribution of flyer by Council must be submitted **90 days prior** to event.

**Complete and submit to GSCCS Council by:**

**EMAIL:** [customercare@girlscoutscs.org](mailto:customercare@girlscoutscs.org) or

**FAX:** (559) 291-5079

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: _____			
EVENT DIRECTOR CONTACT INFORMATION			
Name of Person Responsible for Event: _____			
Mailing Address _____ City _____ Zip _____			
Phone # (Cell) ( _____ ) _____ (Other) ( _____ ) _____			
E-mail: _____			
TRAINING REQUIRED			
Event 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 06/20	



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## EVENT AND FUNDRAISING APPLICATION – PART II

### VOLUNTEER EVENT MANAGEMENT TEAM

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

Name	Position	Phone # or Email
	Treasurer	
	Registrar	
	Program Coordinator	

### 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 Council Volunteer Policies and Procedures, Volunteer Essentials and Safety Activity Checkpoints.

\_\_\_\_\_  
Signature of Event Director