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



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

## **EVENT AND FUNDRAISING APPLICATION – PART I**

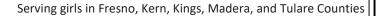
Complete this form for all fundraisers, events, workshops, day camps, campouts or activities hosted by a Troop or Service Unit. Form must be completed online. No handwritten applications will be accepted. **Due Dates:** Troop Fundraisers must be submitted **30 days prior** to activity date.

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: <a href="mailto:customercare@girlscoutsccs.org">customercare@girlscoutsccs.org</a> or

FAX: (559) 291-5079

EVENT DETAILS					
Title of Event_		Troop #	S	U#	
Date/Time	<u>(start)</u>			(end)	
Location (site name & address)					
Program level attending: (check all that apply)					
□ Dai	isy 🗆 Brownie	☐ Junior ☐ Cadette	☐ Senior ☐ Ambas	sador	
Expected # (girls)	(adults)	Maximum participa	ants for site		
Fee per girl: \$I	Fee per adult: \$	Additional Insura	nce purchased:	YesNo	
FUNDRAISING INFORMATION					
Fundraising event/activity?	YesNo				
Purpose of fundraising proje	ect:				
EVENT DIDECTOR CONTACT INFORMATION					
EVENT DIRECTOR CONTACT INFORMATION  Name of Person Responsible for Event:					
·				_	
		CityZip			
Phone # (Cell) ()(Other) ()					
E-mail:					
TRAIING REQUIRED					
Event Planning Training:	Phone: ( )		Date Completed:	Exp:	
	Email:				
Outdoor Training:	Phone: ( )		Date Completed:	Exp:	
	Email:				
Life Guard Training*:	Phone: ( )		Date Completed:	Exp:	
	Email:				
*Verify with Safety Activity Checkpoints which water certification is required. Attach copy of certificate					
www.girlscoutsccs.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 INFORMATOIN				
Each Troop responsible for their own first aidYesNo				
Event First Aider Name:	Phone ()			
Type of Certification	Exp. Date			
☐ 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				