

SU PROGRAM & EVENT PLANNING GUIDELINES

Program & Events must be pre-approved. Paperwork must be submitted by the below deadlines:

- Troop Sponsored Service Unit Events – **1 month PRIOR** to event date
- Service Unit Sponsored Service Unit Events – **1 month PRIOR** to event date
- Service Unit or Troop Sponsored COUNCIL-WIDE Events – **3 months PRIOR** to event date
- Local Recruitment Events – **1 month PRIOR** to event date
- DAY Camp Event – **3 months PRIOR** to event date

“What do we have to do to get an event approved?”

Work with your SU Event Coordinator to complete paper work and confirm dates.

Submit paperwork to your local SU Manager who will then forward forms to your SU Treasurer & Membership Manager.

- SU PROGRAM & EVENT PLANNING form
- Itinerary/Agenda for the Event
- Flier with registration form for the Event
(include parent permission on registration if applicable)

*Please indicate that checks are to be made payable to Girl Scouts & mailed to your local program center.
Indicate a DEADLINE for registrations!*

- Copy of evaluation form for girls and adult help

Program/Event must be Girl Scout Program related.
Safety Wise and Council Policies must be followed.
ALL program/events are open to ALL girls (of course, age appropriate).

“We’ve been approved, now what do we do?”

Flier should be distributed by in a timely manner.

PSA’s may be submitted to newspapers, radio and TV.

Order all needed supplies.

Acquire confirmation (preferably written) from meeting place of reservation date/time/cost.

“What about the money?”

*Service Unit Treasurer and/or Service Unit Manager

Deposit all money into Service Unit Account (deposit summary)

Write a check to Girl Scouts for GSUSA membership (\$12) registrations.

Service Unit Registrar must process NEW registrations ASAP.

*If Treasurer or Manager is person sponsoring the event, they may NOT sign checks (*Ex Treasurer is also the Leader of Troop 12345 that is sponsoring the event*). This procedure is for your protection.

After the event (paperwork must be submitted to SU Treasurer within 10 days after the event)

FINAL Income/Expense Report (including receipts) & EVALUATIONS



GIRL SCOUTS OF THE DESERT SOUTHWEST SU PROGRAM & EVENT PLANNING FORM

Instructions: Complete this form, with the required information, and return to your Membership Manager along with your itinerary/agenda and event promotion flyer, **AT LEAST ONE MONTH** before your event. **You may not promote this event, collect fees, and/or registration prior to receiving approval.** Once the event is approved, a copy of this form will be returned to the event chair. **Remember to consult with your SU Event Coordinator prior to planning any event.**

Name of event _____ Date of event _____ Time _____

Service Unit _____

Event Chair _____ Telephone a.m. () _____
p.m. () _____

Email Address _____

Address _____ City _____ Zip _____

Event site _____ Address of event site _____

Does the site require Certificate of Liability Insurance? ___ Yes ___ No

If yes, provide site contact name _____ Site phone # _____

Program age level(s) that will be attending: D ___ B ___ J ___ C ___ S ___ A ___

Capacity – girls: Maximum _____ Minimum _____ Event Fee \$ _____

Are Non-Girl Scouts invited to participate in the event? (parents, siblings, special guests) Yes ___ No ___
***If yes, you may need additional insurance. Call the Council for more information.**

Tagalongs are the responsibility of _____

What is the proposed outcome (purpose) of this event? _____

How will the outcomes be met? _____

Be sure to include all flyers for this event before distribution.

This event and flyers have been approved YES

NO Why:

Follow up:

*Requests for additional insurance must be made at least 3 weeks in advance or it may be denied.

Any extra monies will be used for? (i.e., girl program, future girl events, etc.) _____

Age level(s) _____ Estimated # of participants _____ Event fee (per person)\$ _____

	<u>Estimated Budget</u>	<u>Notes</u>
<u>INCOME</u> (# of participants x event fee = budget)		
<u>EXPENSES</u>		
Site Charges		
Office supplies – materials used in administering program		
Printing costs – flyers, etc.		
Postage cost		
Equipment – purchase of equipment		
Equipment rental – port-a-potties, etc.		
First aid supplies 200 + participants – Level 2 First Aider Required		
Food, drink, ice – everything edible		
Building and grounds/janitorial – foil, toilet paper, soap, etc		
Program supplies		
Patches		
Leasing costs/transportation – bus, train, taxi		
Tokens of appreciation		
Security		
Other / additional insurance		
<u>TOTAL EXPENSES</u>		

Event Chair Signature

Date

SU Manager Signature or SU Event Coordinator

Date

Membership Manager

Date



SU PROGRAM & EVENT FINAL INCOME/EXPENSE REPORT

Submit to SU Treasurer within 10 days after the event.

Name of event _____ Dates _____

Event Chair _____ Phone a.m. () _____
p.m. () _____

of participants: girls _____ adult _____ staff _____

	Actual Expenses	Notes
INCOME (# of participants x event fee = budget)		
EXPENSES		
Site Charges		
Office supplies – materials used in administering program		
Printing costs – flyers, etc.		
Postage cost		
Equipment – purchase of equipment		
Equipment rental – port-a-potties, etc.		
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Program supplies		
Patches		
Leasing costs/transportation – bus, train, taxi		
Tokens of appreciation		
Security		
Other / additional insurance etc.		
TOTAL EXPENSES		

Event Chair Signature

Date

SU Treasurer or SU Manager Signature

Date

How was the purpose and desired outcome of the event met?

Content description (major activities):

Evaluation of the event – Briefly summarize the evaluations of the participants, event and staff:

What would you change next time?



**Girl Scouts of the Desert Southwest
Girl Evaluation Form**

Name of Event: _____

Date & Time of Event: _____

Your evaluation is important to Girl Scouts of the Desert Southwest. Please take a few moments to give us your comments and suggestions so that we may provide quality events in the future.

Participant Evaluation

How was the event/program?

Do you think this program would be good to do again? _____ YES _____ NO

What did you enjoy the most?

What did you enjoy the least?

What would make the program better?

Comments or Suggestions:

Thank you!



**Girl Scouts of the Desert Southwest
Adult Evaluation Form**

Name of Event: _____

Date & Time of Event: _____

Your evaluation is important to Girl Scouts of the Desert Southwest. Please take a few moments to give us your comments and suggestions so that we may provide quality events in the future.

Your Supervisor: _____

Your Assigned Position: _____

Would you assist with this program again? _____ YES _____ NO

Do you think this program was beneficial? _____ YES _____ NO

What did you enjoy the most? _____

What did you enjoy the least?

What would make the program better?

Comments or Suggestions:

Thank You!