

INTENT TO OPERATE A SERVICE UNIT EVENT

Girl Scouts of Silver Sage 8948 W Barnes Street Boise, ID 83709 (208) 377-2011 or (800) 846-0079 www.girlscouts-ssc.org

Service Unit Planning the Event Is this event a money-earning activity? □ Yes □ No				
Person in ChargeNa	ame/Position		Date	
	une, rosition			
Mailing/Physical Address	City	State	ZIP Code	Phone
Event Information				
Event Name/Description				
Summary of Activities				
Event Date, Time, Location				
Please attach a flyer for Council review				
Is this event open to other Service Uni Does this event allow non-members to Would you like the Council to help add Is this an Invite a Friend Recruitment Will Program Credits be accepted as p If yes, please state Program Credits as Complete a Program Credit Reimburser	o attend? □ Yes vertise this event (VEVENTERS OF The Series of the	□ No Website, GS Even □ No □ No <i>on the flyer.</i>	ts, Calendar)?	∃Yes □ No
Projected Number of Participants G	-	•	Girls A	dults
Adults needed to meet Adult-to-Girl R	.atio			
Our First Aider is (Attach a copy of a current CPR/FA ce required for your event based on Safe	ertification card for	r your First Aider	and any addition	al safety certifications
Event Planning Checklist: ☐ We plan to engage girls in program ☐ We have created a detailed project ☐ We will incorporate the Girl Scout I ☐ We will have a first-aid kit on hand ☐ We will make alternate plans shoul ☐ If any Safety Activity Checkpoints form along with additional Safety (plan and budget for Leadership Experient. Id the weather be as apply to our event	or the event. ence elements in an issue. t, we have listed t	the program ever	S
Authorization				
Service Unit Event Coordinator Service Unit Manager Signature	Date Date	Council Staff	f Signature	Date

Email this completed form to customercare@girlscouts-ssc.org or mail to Girl Scouts of Silver Sage, 8948 W Barnes St, Boise, ID 83709