



Mi CaSa Service Unit
P.O. Box 2508
Camarillo, CA 93011
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INTENT TO OPERATE A SERVICE UNIT PROGRAM EVENT

Troop (Group) Planning the Event: _____

Contact Name: _____ **Phone** _____

Is this event a money-earning activity? Yes / No

Event Information

Event Name/Description:

Event Date, Time, Location:

Event Details/Summary of Activities:

Please attach flyer for review

Is this event open to other Service Units ? _____ Yes _____ No

Will Cookie Credits be accepted as payment? _____ Yes _____ No

If yes, please state on the flyer. Complete a Cookie Credit Reimbursement following event.

Projected Number of Participants:

Girl Scouts _____ Non-Girl Scout Girls _____ Adults _____

Adults needed to meet Adult –to– Girl Ratio _____

Person In Charge (Day of Event):

Name: _____ Position: _____

Address: _____ Phone : _____

First Aider Name: _____ Phone: _____

(Attach current CPR/FA card and any additional certifications required based on Safety Checkpoints)

Event Planning Checklist:

- **We plan to encourage girls in program event planning and implementation.**
- **We have created a detailed project plan and budget for the event.**
- **We will incorporate the Girl Scout Leadership Experience elements in the program event design.**
- **We will have a first-aid kit on hand.**
- **We will make alternate plans should weather be issue.**
- All adults in charge are familiar with and will abide by the safely information provided in Safety Checkpoints.
- If ANY Safety Activity Checkpoints apply to your event, we have listed the checkpoints on the back of this form along with additional Safety Checkpoints we will adhere to.
- **We have obtained Plan 2 Insurance, if applicable.**

Authorization:

SU Event Coordinator Signature/Date

SU Manager Signature / Date