



Girl Scouts of Tanasi Council, Inc.
1600 Breda Drive, Knoxville, TN 37918
800/474-1912 or 865/688-9440
fax 865/689-9835 ♦ www.tanasi.org

Service Unit Intent to Event

Before scheduling a Service Unit Day Camp, Twilight Camp or event for 100 or more participants, this form must be completed and approved by a Volunteer Support Manager.

Service Unit _____

Proposed Event _____

Date(s) _____ Hours of Operation _____

Estimated # of Participants: Girls _____ Estimated fee for participants: \$ _____

Number of Adults needed to effectively carry out event: _____

Is this a new event for the Service Unit? _____ Yes _____ No

Do you plan to purchase non-member event insurance for tagalongs*?
_____ Yes _____ No *Tagalongs must be participating in the program for insurance to apply.

Site
Event Site _____

Address _____

Phone # During Event _____

Is this a new site? _____ Yes _____ No

Number of toilets and adjacent hand washing facilities: _____
(1 toilet and h/w facility required for every 30 persons)

What is the source for drinking water? _____
Well water must be tested 30 days before the start of camp by a local health official. Written proof of testing must be provided (estimated cost of testing: \$50)

In the event of inclement weather, what type of covered protection is available? _____

What provisions are available at the site for persons with special needs? _____

Describe any food service you plan to provide and how you will store and refrigerate the food (including lunches brought from home: _____

Program

What age levels will be included in your event?

Daisies Brownies Juniors Cadettes Seniors Tagalongs

What is the purpose of the event? _____

How will you involve girls in the planning? _____

List activities you plan to include: _____

Event Director

Name _____

Address _____
Street City Zip

Daytime Phone _____ Evening Phone _____

Email _____ New to position Returning to position

Other committee members* (list):

Name	Event Position	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

* For day camps and events with over 200 participants, a Level 2 First Aider is needed. See p. 37 of Safety-Wise for a description of Level 2 qualifications.

We understand that Girl Scouts of Tanasi Council events are open to all Girl Scouts who meet the age or grade requirements, regardless of race, religion, color, ethnic group, geographic area, socioeconomic level or disability. All state, local, and GSUSA safety standards will be followed and required reports will be returned to the Council office by the established deadlines following the event.

Signature of Service Unit Event Director Date _____

Signature of Service Unit Event Coordinator or SU Manager if no Event Coordinator Date _____

I have reviewed and approved this event.

Signature of Volunteer Support Manager Date _____

SERVICE UNIT EVENT REPORT

Service Unit _____

Name of Event _____

Date of Event _____

Event Director _____

Age Level of Participants: Daisy Brownie Junior Cadette Senior
(circle all that apply)

Number of Troops _____

Number of Girl Scouts _____ Girls _____ Adults

Number of Non-Girl Scout Participants _____

Description/Purpose of Event: _____

Outside Resources and How They Were Used: _____

Evaluation/Comments (attach any information that might be helpful to someone
Planning a similar event.) _____

EVENT DIRECTOR TURNS THIS FORM IN TO EVENT COORDINATOR NO
LATER THAN ONE WEEK FOLLOWING EVENT. EVENT COORDINATOR
TURNS IN TO VOLUNTEER SUPPORT MANAGER.