

Girl Scout Council of Northwest Georgia, Inc.
Beyond the Troop EVENT APPLICATION

Event Approval: SUD: _____
Field Exec: _____
Program Specialist: _____

Complete 2-3 months prior to event date and return completed application to your SUD.

Event Name _____

Event Date _____ Event Time _____

Event Location _____

Address of Event Location _____

City _____ State _____ Zip _____ Phone: _____

Event Director _____

Phone _____ E-mail _____

Event Director completed "Planning Events" training on (date) _____

Service Unit _____ County _____

Service Unit Director _____

Goal/Purpose of Event _____

Type of Event (camp, festival, dance, etc.) _____

Event Activities Will Include _____

Approximate Travel Time To Event _____

Girl Planners: _____ one troop; _____ service-unit committee; _____ other: _____

Estimated Number of **Girl Scout** Participants: Daisy _____ Brownie _____ Junior _____

11-13 _____ 13-15 _____ 15-17 _____ Adult _____

Participants will attend by: Troops _____ Individuals _____ Both _____

Number of **Non-Girl Scout** Participants: Children _____ Adult _____

Estimated Total: _____ **[200 or more requires a Level 2 First Aider]**

Name of Event First Aider (**Required**) _____

Type of certification _____ Expires _____

Total Event Expenses: \$ _____ divided by # of participants _____ = \$ _____ event fee

Where will leftover funds go after the event: _____

Will You Need Additional/or non-participant Insurance? () No () Yes

Girl Scout Council of Northwest Georgia, Inc. Service Unit Event Emergency Plan

EventName _____ Event Date(s) _____

Address _____

Directions (for ambulance, police, etc.) _____

Event Location Phone #: _____

Cell phone numbers of adults at event: _____ WHO? _____

Name of Level 2 First Aider for an event with 200 or more _____

1. _____, (adult,) will **call 911, and** contact council representatives to report the incident. If at camp, I will contact the camp ranger.
Call injured person's family to report the nature of the emergency and the person's conditions. Ask for directions concerning medical treatment.
2. _____, acting First Aider, will assist injured persons.
 - Have a first aid kit at the site.
 - All injuries should be recorded on the incident/accident form. Record name, time, injury and treatment administered. Return completed form to the Camp Property and Risk Manager within 5 days of the occurrence.
3. _____, will record proceedings:
 - Record when and how the accident or emergency happened,
 - First aid given, and by whom,
 - Statements made to ambulance attendants, doctors, police, etc.,
 - Telephone calls (who made them, whom they called, what they said),
 - Names and addresses of all witnesses
 - I will return all written documentation to Camp Property and Risk Manager within 5 days of the occurrence.
4. _____, will direct the troop leaders to keep the participants together, calm and away from the emergency, and direct the troop leaders to account for all participants at event.

Points to Remember

- Do not make statements accepting or denying responsibility. Only give the facts, do not place blame.
- Do not specify names of individuals other than victim, and only to authorities.
- Do not make any statements to press or public.
- Cooperate with authorities.

*** THIS FORM MUST BE ON FILE with your Field Executive AT LEAST TWO WEEKS PRIOR TO YOUR EVENT. There must be a separate person listed for each of the 4 positions above.**