Event/Encampment Approval Checklist

Complete this form when you have an event with 50 or more participants or an encampment with three or more troops. Upload Section 1 to your service unit for initial approval at sdgirlscouts.org/directors. Upload Section 2 to your service unit for final approval 30 days (or more) prior to the event or encampment.

SECTION 1 – THE PROPOSAL

**General Event or Encampment Information**

<table>
<thead>
<tr>
<th>Activity Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td></td>
</tr>
<tr>
<td>Start time:</td>
<td>End time:</td>
</tr>
<tr>
<td>How will girl planning be incorporated?</td>
<td></td>
</tr>
<tr>
<td>Description of the event:</td>
<td></td>
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**Property Information**

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Address:</th>
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</table>

**Are you using a council property?**  
☐ Yes  ☐ No

**Have you made a reservation?**  
☐ Yes  ☐ No

**If off council property, is the site’s certificate of liability on file with Girl Scouts San Diego?**  
☐ Yes  ☐ No

**Target Participants**

<table>
<thead>
<tr>
<th>Expected # girls:</th>
<th>Expected # adults:</th>
<th>Maximum for site:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

**Targeted Girl Scout Program Level(s):**  
Adults Only  Families:  

**Fees and Budget**

Use the Event/Encampment Budget Worksheet (Steps 1-4) to estimate income and expenses. Upload the worksheet along with this proposal at sdgirlscouts.org/directors.

If a money-earning project part of your plan?  
☐ Yes  ☐ No  ☐ N/A

If yes, upload a completed money-earning application along with this checklist.

**Event / Series/ Encampment Director Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Day Phone:</th>
<th>Evening Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Service Unit:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Director Training Completion Date:</th>
</tr>
</thead>
</table>

**For Service Unit Team or Staff Use Only**

<table>
<thead>
<tr>
<th>Date received:</th>
<th>Response date:</th>
</tr>
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</table>

<table>
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<tr>
<th>Proposal approved:</th>
<th>☐ Yes  ☐ No  ☐ Yes, with these adjustments:</th>
</tr>
</thead>
</table>

**Final approval due date (30 days prior):**  
Reviewed by:  


Event/Encampment Approval Checklist
SECTION 2 – Final Approval of Developed Plans

Have any of your plans from Section 1 changed? Please describe what’s different:

_________________________________________

Will girls earn any badges or Journey awards during this event/series/encampment?
☐ Yes  ☐ No  Please describe:

Safety and Risk Management Review
Check off all of the safety tasks below as you complete them. Upload a copy of your Safety Management Plan with this form.

☐ Created a Safety Management Plan that:
  • Includes an evacuation plan in case of fire or natural disaster.
  • Includes a plan for handling a missing person, an unfamiliar person, or other potential crisis situation.
  • Identifies known hazards.
  • Identifies the location of nearest emergency medical treatment facility and includes directions.

☐ Shared the Safety Management Plan with all volunteers and troops.
☐ Reviewed Volunteer Essentials Chapter 4, Safety-Wise and agree to uphold safety standards.
☐ Reviewed the relevant Safety Activity Checkpoints and assure they will be followed.
☐ Completed site visit and found it safe and appropriate for Girl Scouts (non-council sites).
☐ Ensured that all program leaders have the required training/experience/certification.
☐ Considered adult and girl progression, readiness, and skill level.
☐ Ensured that participants will be informed in advance about preparation, skills, equipment, clothing, etc.
☐ Arranged an attendee roster with someone who will not attend in case of an emergency (for encampments).
☐ Purchased additional insurance (if needed).
☐ Ensured that all volunteers have clearly defined responsibilities and that they understand their schedule.
☐ Ensured that adequate restrooms and drinking water are available.

Event/Encampment First Aider Information

Each troop is responsible for its own first aid?
☐ Yes  ☐ No
If no, provide the name of the designated first aider: ____________________________ Phone: ____________________________

Type of certification: ____________________________ Expiration Date: ____________________________
☐ Basic  ☐ Professional (nurse, doctor, EMT) – For Events of 200 or more.
☐ Wilderness or First Responder first aid – For Events held in remote locations (30 min or more away from EMS).

Signatures

______________________________  Activity Consultant (Safety Management Plan reviewed)

______________________________  Service Unit Team Approval (Meets Girl Scout Program Quality Guidelines)

RD:ic  PG-1581  12/18/2018