



Event Scheduling Information Sheet

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Event Code _____

Date Submitted: _____

Event Name: _____

Master Product -or- Break Out Session of _____

Event Class: Conference Meeting Program
 Training Day Camp Resident Camp

Is this event open to non-members? Yes No Is Membership Required? Yes No

Class: Troop Pathway Series Pathway Travel Pathway Events Pathway
 Camp Pathway Virtual Pathway Adult Learning Other _____

Course: i.e. training, Daisy Day , HAT, _____
(If Applicable)

Is there Grant Funding For This Event? Yes No
If Yes, Which Grant? _____

Description AND Details of Event:

For Girls Ages Daisies Brownies Juniors Cadettes Seniors Amb
Adults? Yes No Tag-A-Longs? Yes No

Does this event need to allow for a waitlist? Yes No If Yes How Many people? _____

Contact Name and Phone # of person hosting event _____

Instructor (If Applicable) _____

Date(s) of Event: _____ Time(s) of Event: Start : End :

Location: _____

Address: _____ State _____ City _____ Zip _____

Contact Person AT FACILITY _____ Phone _____

of Girls Min _____/Max _____ # of Adults Min _____/Max _____

of Tagalongs Min _____/Max _____ Total Min _____ Total Max _____

Cost per girl: _____ Cost per adult: _____ Cost per Tag-A-Long _____

In order to maintain a smooth registration process, there are two registration deadlines: the first deadline will be at the rate of cost as listed, the second deadline date will include an additional processing fee which is 50% of the original cost. Most second deadlines are 4-5 days after the first deadline. ***The final deadline must be at least 4 days before the event and no Deadlines can fall on a Friday thru Monday.***

First Deadline _____ Second Deadline _____ Online registration Needed? Yes No

Last Refund Date _____

Any particularly specific information that needs to be included?

Is Transportation Provided? Yes No

If Yes Cost _____ What transportation, i.e. bus, etc? _____

What are the pickup locations?

Are there any other forms that need to be included i.e. Health Forms, HAT Reg form? Yes No
If YES PLEASE attach the forms to the email with this form.

Activation Date _____

Who is the Staff coordinator of this event _____

Administrator Use Only:

User: _____ Event Number _____ Event Code: _____