EVENT PACKET

An "event" is any activity open to more than two troops, requires pre-registration and/or involves a budget over \$100.

Questions? Contact the Service Unit Program Support Manager see Service Unit Team Roster

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Links:

- **Event Notification Form**
- Media Information Sheet- crossroadsgirlscouts.com, EVENTS, EVENT PLANNING
- **PUSD Use of Facility Fees**
- **Dublin Facilities Rentals:**

https://www.maintenancelogin.com/UFP/HomeFacilityUseSystem.aspx?CID=14

Crossroads Service Unit Team (SUT) **Key Contacts for Event Planning Are**

PROGRAM SUPPORT MANAGER: Works with event chairs on scheduling and planning, previews the flyer and budget before it goes to SUT and before distribution to leaders.

LEADER SUPPORT MANAGER: Presides over Service Unit Team (SUT). Schedules SUT & Volunteer Meetings & Events

TREASURER: Manages Service Unit finances and keeps records for Council.

All of whose information can be found on the Service Unit Team Roster

SUT Meetings: presentations at 7:00pm Please check http://www.crossroadsgirlscouts.com for current calendar and location under FOR LEADERS

EVENT TIMELINE AND CHECKLIST

3 MONTHS PRIOR TO EVENT

- Identify trained Event Organizer for your Troop. Event Organizer is required to complete "Event Organizer" and "Safety-Wise" Trainings. They are available on-line.
- Determine Event theme and Event participation.
 - Which program level(s) will be attending? How many participants will this event accommodate?
- □ Will your Event support the Girl Scout Learning Experience?
 - Girl Led Girls learn how to be leaders by leading themselves. Learning By Doing Girls learn new things through hands-on activities and Cooperative Learning - Girls work together toward a common goal
 - □ Will the girls Discover, Connect and/or Take Action?
 - Which of the 15 leadership outcomes will the girls gain from this event (see evaluation, page 9)?
- □ Secure site: see "Event Site Checklist" pg. 4.
- □ Develop event budget: see "Budget Worksheet" pg. 11.
 - ✓ For a large event (budget over \$2500), choose separate people to be Event Organizer and **Event Treasurer**
 - ✓ For any event with 100 or more attendees (girls and adults combined) that will be held at a PUSD school site, be sure to include facility use charges in your budget. See PUSD Use of Facility Fees. Contact Program Support Manager if you have any questions.
- □ Create Event Flyer: see "Flyer Checklist" and "Sample Flyer" & Roster of Attendees- pgs 5-7.
- □ Contact Service Unit Program Support Manager:
 - ✓ Email the Flyer and Event Budget to the Service Unit Program Support Manager at least 7 days before the CT meeting at which you will be presenting.
 - ✓ Determine adult/girl ratio
 - ✓ Consult Council Resource Guide, determine applicable safety requirements:
 - ✓ Non-member Insurance?
 - ✓ Name of Event First Aider
 - ✓ Other required training? Every event <u>must</u> have one person who has taken Event Manager and Safety-Wise Training. Other specific events might require training such as: Outings, Short Trips & Overnights, Troop Camping, etc.
- □ Decide on Event patch style. (Advantage Emblem, Snappy Logos, Joy Crest, etc)
- □ Contact possible donors via telephone for supplies (snacks, gifts etc.)
- If Event is a Money Earning Event, submit a Money Earning Application which is required by Council for approval. As a reminder, Money earning events may not take place during the initial order periods or public sales periods of the Fall Sales or the Cookie Sales.
 - ✓ Supply copy of both documents to Service Unit Program Support Manager.

2 MONTHS PRIOR TO EVENT: CT and LEADER MEETINGS

- Present Event Flyer and Budget Worksheet at CT meeting. Bring 10 copies of each for CT members.
 - ✓ Presenter should be Event Organizer or another member of the event committee able to answer questions regarding any aspect of the event. Approximate length of presentation is 5 minutes.
 - ✓ If girl-sponsored event, girl(s) are encouraged to make presentation.

- ✓ Insurance for non-Girl Scout members will be added at this time. The cost to your Troop is \$.55 (fifty-five cents) per day.
- Approved flier, with any final CT modifications, may be presented at the next Leader meeting.
 - ✓ Email the approved final flyer to Service Unit Program Support Manager.
 - ✓ Flyer will be posted on the Crossroads Event web site under EVENTS after the Leader meeting
 - ✓ Your Troop will be on the agenda for the upcoming Leader Meeting for your presentation.
 - ✓ For girl-sponsored events, girls are encouraged to present the event at the Leader Meeting.

1 MONTH PRIOR TO EVENT

| □ Set up registration log (track totals, use for check-in at event; see sample pg.7) □ Send out confirmations and/or additional information, if appropriate. Remind troop leaders to bring forms (Health History, Permission Slips and Roster of Attendees). □ Periodically submit checks received with Crossroads Deposit slip (pg. 12) to Service Unit Treasurer. Record the name of Event, and Event date, and the Troop number on every check submitted to the Service Unit Treasurer. □ Product Sales Rewards Cards may be used for qualifying GSNorCal sponsored events and/or qualifying Crossroads Service Unit Events. Rewards may not be used toward troop activities. A Product Sale Reward Card Payment Request Form must be filled out for any Reward Card used to pay for events. This form is submitted to the Service Unit Treasurer. □ ALL checks must be deposited BEFORE your event date. |
|--|
| Order patches (custom patches may take longer.) |
| Complete Event Notification Form : on-line (info needed on pg. 8). This is a Council requirement. Use the link in the Crossroads Event Planning section under EVENTS. |
| Print several copies of the Media Information Form. |
| Purchase and/or get confirmation on all supplies and donations. Stay within budget when making purchases. |
| Prepare event evaluation form (see example, pg. 9), copy or create your own. |
| Prepare troop registration packets (to distribute at check-in), if appropriate. |
| Do "dress rehearsal" of <u>ALL</u> planned activities! |
| DAY OF EVENT |
| Collect Troop Roster Sheets upon arrival, and Evaluation Forms at end of event. |
| If emergency results in media contact, please refer to the Media Information Form, with instructions |

Within 3 WEEKS AFTER THE EVENT

- □ Prepare 2 sets of Final Financial Report for Events (pg. 13) and submit one to Crossroads Treasurer. All **original receipts** are attached to a separate sheet of paper and attached to reimbursement form. (Second set goes to Program Support Manager, see below).
 - ✓ **Keep copies** of all receipts, budget, and financial report for your records
 - ✓ Submit requests for reimbursement of out-of-pocket costs (see pg. 10) to Service Unit Treasurer.
 - ✓ Event treasury needs to be closed out within <u>3 weeks</u> of event.
 - ✓ All payment requests **must** be approved and signed by the Event Organizer and/or Event Treasurer before submission to Service Unit Treasurer.

to hand out to the media

- Evaluate the event
 - ✓ Within first few days, write brief personal evaluation of event
 - ✓ Complete Event Evaluation Summary (see page 9), using participants' evaluations.
- □ Compile Event Folder, including:
 - Flyer, Confirmation, Registration packet, Evaluation Summary and/or handouts
 - Event Financial Report
 - Patch (if applicable) picture
 - Anything else that would be useful to someone running this or similar event in the future.
- Submit final event report to Service Unit Program Support Manager. Include:
 - ✓ Copy of Final Financial Report✓ Event Evaluation Summary

 - ✓ Your personal evaluation of event
 - ✓ Event Folder
- Return any equipment purchased with event funds to Crossroads Service Unit Program Support Manager.
- Write thank-you notes to the donors who sponsored the event, volunteers or anyone that helped.

CONGRATULATIONS - YOUR EVENT IS COMPLETE!

EVENT SITE CHECKLIST

General Site

- Is the Event site easily accessible to all members, including those with disabilities?
- □ Is there enough parking for the expected attendees?
- □ Is the proposed site safe (free from obvious hazards,) secure and clean?
- □ Is the site well-lit (especially if the event extends past dusk)?
- □ Will the site be suitable in all weather conditions, or is there a rain checkpolicy?
- Does site require a 'facility use form'? If so, file and obtain approval for use.

Building/Activity Area

- □ Is the site large enough to accommodate the expected attendees (fire marshal limits)?
- □ Is the area large enough for the planned activities? Is the site properly ventilated and heated?
- Are there at least two exits (from the building)? Are the emergency exits functioning, easily accessible, adequate, and well marked?

Site Facilities

- Does the food preparation area meet state and local standards? Is there enough potable water for the expected participants?
- Are there enough toilets and sanitary facilities for the expected attendees?

Your planning

- □ Is there First Aid equipment on hand? If not, you must provide it.
- Have you planned for proper disposal of all waste materials and site clean-up?
- □ The safety rules specific to the Event activities must be **posted**, understood and practiced by all.
- □ See Council Resource Guide for precise guidelines for your particular activity.

FLYER CHECKLIST

| <u>UPPER (INFORMATIONAL) P</u> | PART OF FLYER | should include | the following: |
|--------------------------------|---------------|----------------|----------------|
|--------------------------------|---------------|----------------|----------------|

- "GIRL SCOUTS OF NORTHERN CALIFORNIA, CROSSROADS SERVICE UNIT" must be at the top of the flver. **EVENT SPONSOR:** Service Unit, school, troop, etc. Indicate if the Event is a Bronze, Silver or Gold Project, if applicable. WHAT: event name, brief description WHO can attend: level (D, B, J, C, S, A), Crossroads Service Unit, your school, public, etc. WHEN: day of the week, date, time WHERE: location name and address **HOW MUCH:** cost per girl; cost per adult; what is included with cost **REGISTRATION LIMITS:** any limits on attendance (i.e., "limited to 100 girls &adults") **REGISTRATION DEADLINE:** usually 2-3 weeks before your event **PROCEEDS:** What is the reason for the event? ✓ If event is a Troop Money Earning event, this must be specifically stated, along with description of what funds will be used for. Example: "This Event is a money earning event to benefit our trip to Disneyland." Troop must participate in fall and Cookie sales to have a money earning event. As a reminder, Money Earning events may not take place during the initial order periods or public sales periods of the Fall Sales or the Cookie Sales. ✓ Bronze, Silver of Gold Award Event? Event **cannot** be a money earning event. ✓ Leadership or Service hours? ✓ For all other events, if excess funds will go anywhere other than the Service Unit general treasury, it must be explicitly stated on the flyer. Example: "Excess funds will be donated to a local animal shelter." Specific charities and organizations cannot be referenced. Excess funds need to be used to purchase a specific item for the beneficiary. Cash cannot be given. CONTACT NAME, EMAIL ADDRESS and/or PHONE NUMBER: Person to call with questions - usually event organizer. If contact is a girl, specify: Contact Senior Girl Scout, Jane Smith, etc. **LOWER (REGISTRATION) PART OF FLYER** should include the following: Registration form: Include spaces for: ☐ Troop info: Troop number, contact name, email address, phone number, mailing address (if needed, i.e., to send out confirmation or other event info) □ Number of girls attending (x cost per individual girl) = total due for girl registration □ Number of adults attending (x cost per individual adult if needed) = total due for adult registration ☐ If no fees for adults, space for number of adults attending (needed for Adult/Girl ratios and to insure you don't exceed building/location capacity) □ Total amount due
 - **Payment**
 - ✓ Checks payable to "Crossroads Service Unit"
 - ✓ Include the phrase, "One check per troop"
 - Event name, event date and Troop number must be on memo line of check
 - Submitting
 - ✓ Registrar's name, mailing address, email address and phone.
 - ✓ Registration deadline (is it "first come-first serve? lottery? until filled? expected to fill quickly, register early?) Choose your words carefully.

**** SAMPLE FLYER ****

GIRL SCOUTS OF NORTHERN CALIFORNIA

CROSSROADS SERVICE UNIT

Cookie Palooza 2017 step

All Crossroads Daisy, Brownie and Junior Girl Scouts are invited to attend!

Date: Thursday, January 26, 2017 [SEP]

Time: 6:00-8:00 pm

Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 910 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle School, Lunch Pavillion 800 Penn Drive, Dublin 810 Place: Wells Middle 800 Penn Drive, Mi

Cost: \$5.00 per girlishcludes: crafts, activities, participation patch and snack

This event is limited to 200 girls.

Please register by Friday, January 13, 2017

| uestions? Please contact Susie Smith at 925-? | ??-???? or s.smith@ who.com |
|--|---|
| Separate Here | |
| 2017 Cookie Rally Thursday, January 26, 2017 | |
| Troop # Contact person | stPhone: |
| Contact person email: | |
| # of girls attending x \$5.00 each = \$ | _enclosed [see] |
| #of adults attending (no charge)–(due to space | e, please limit to Adult/Girl ratios) |
| Please make check payable to Crossroads Service Unit (or Friday, January 13, 2017 to: | ne check per troop) Return registration form and check by |
| Cusia Conith 222 Amu Chroat 222 City C | 4 04522 025 222 2222 c smith@ who som |

Susie Smith, 222 Any Street, ??? City, CA 945?? 925-???-???? s.smith@ who.com

Each troop attending must ensure that annual permission slips and health forms accompany the girls to the event and will be submitted at the event check in. These will be returned at the end of the event. Troops will be required to complete and submit a roster of attendees.

~Additional information and confirmation will be sent via email ~

ROSTER OF ATTENDEES

Please complete this roster of all girl & adult attendees and turn in at check-in upon arrival. The purpose of this roster is to contact families and inform authorities of people on site in the event of an emergency. **Note:** the Emergency Contact listed for each attendee should be someone who is NOT with you at this event.

Please turn in 2 copies of this form upon arrival

| Troop # | Leader/Adult | ader/Adult in Charge | | | |
|---|--------------|--|-------------------|--|--|
| Please list names of all vehicle drivers: | | License plate number of each | | | |
| | | | | | |
| | | contact: name & phone # nergency-contact for each | Check if an adult | | |
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EVENT REGISTRATION LOG

Sample shown for multi-level event, for which a confirmation is to be sent upon receipt of registration

| Troop # /Level | Date Rec'd | Confirm Sent? | Troop Leader/Adult | Phone Number | No. of girls | No. of adults | Total \$ paid | Balance due |
|-------------------|---------------|------------------|--------------------|-----------------|--------------|---------------|------------------|----------------|
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| TOTALS | • | • | | | | | | |

Per our Council requirements, all events need to be submitted on-line at: Event Notification Form

This form is used to submit your Service Unit or Troop event information and will be automatically added to our private emergency calendar. This form requires an authorization key in order to submit the data. If you do not know the key please contact the IT helpdesk via email to helpdesk@girlscoutsnorcal.org or via phone at 510.562.8470 ext 1490. Please complete the entire form. Thank you!

How to complete the Event Notification Form

- 1) EVENT TITLE
- 2) Is your event involve **High Risk Activities**?
- 3) If so, indicate which activity.
- 4) Is your event a **Money Earning** event?
- 5) If so, complete all the applicable forms and check the boxes.
- 6) Check you have completed all the additional applicable forms for your event.
- 7) Is this **Vendor/Certified Instructor** on the approved list?
- 8) Enter **Vendor/Certified Instructor Information**, if applicable.
- 9) Enter Estimated Fees/Contributions.
- 10) Enter Estimated Exspenses.
- 11) Enter Additional Money Earning.
- 12) Enter **Description** of Event (brief summary)
- 13) Enter **Start Date** of your Event. Enter the **Start Time** of your Event
- 14) Enter the **End Date** of your Event. Enter the **End Time** of your Event
- 15) Enter the **Location** of you Event (location, and full address)
- 16) Enter the **Minimum and Maximum # of participants** (girls and adults)
- 17) Enter the **Program Manager Name** see SU Roster for name
- 18) SERVICE UNIT EVENT INFORMATION Enter Crossroads Service Unit #309
- 19) Enter **Staff Name** See SU Roster for name
- 20) Enter **Phone Number** see SU Roster for number
- 21) Enter Staff email see SU Roster for email
- 22) Enter Event Manager Name (probably your name), Phone Number and Email.
- 23) Enter First Aider Name, Phone Number and Email if applicable
- 24) ADDITIONAL INFORMATIOM EventType select the choice that best describes your event. GSNorCal would like to know what this event is planning for the registrants.
- 25) Is your event working on or completing requirements for **badges**? If so, select which award from drop down choices: if not select Participation Patch.
- 26) Select which **GSLE outcomes** you are planning to share during your Event.
- 27) Select **GSLE Processes** will be used during your Event
- 28) Select **Grade(s)** your Event will be open to
- 29) Select **Event Categories** that best describes your Event (relating to event attendees)
- 30) AUTHORIZATION Enter your name.
- 31) Enter the security word displayed.
- 32) Click Submit

Print this page for your records.

Forward confirmation email to our Program Support Manager, see roster

Event Evaluation Form

Give the form to troops at the end of the event, or in their registration packets. Ask to have evaluation returned at close of event (schedule time in your program for completing evaluations, if appropriate). If, due to the nature of your event, you'd like each participant to fill out her own evaluation, you may want 2 different forms: one for leaders including the logistics questions, another shorter and simpler version for the girls.

| Event Name: | | | | | | |
|----------------------------------|---|--|--|---|--|--|
| Troop Level (if multil | evel event): | | | | | |
| Please circle respor | nses: | | | | | |
| 1. Did you and you | | Yes / No | | | | |
| 2. Were the facilitie | s appropriate for the pr | rogram and number of p | participants? | Yes / No | | |
| 3. Was the event a | | Yes / No | | | | |
| 4. Did you receive | enough information abo | out the event? | | Yes / No | | |
| 5. Did you feel this | event was priced fairly | ? | | Yes / No | | |
| 6. Was there adequ | uate time allotted for the | e event activities? | | Yes / No | | |
| 7. What did you and | d your girls like BEST a | about the event? | | | | |
| | Firl Scout Leadership E 2. Develop positive values | | gain during this event? 4. Seek challenges in the world | Circle all that 5. Develop critical thinking | | |
| 6. Develop healthy relationships | 7. Promote team building/cooperation | 8. Can resolve conflicts | 9. Advance diversity in multicultural world | 10. Feel connected to communities, locally and globally | | |
| 11. Can identify community needs | 14. Educate and inspire others to act | 15. Feel empowered to make a difference in the | | | | |
| 10. Comments? Su | | | | | | |
| | | | | | | |

Event Evaluation Summary

| Event Name | Date |
|--|---|
| Event Organizer Name | Phone |
| Address | City Zip |
| Other adults involved in event planning: Name Phone Position | Other key contacts/resources for event: Name Phone Contribution |
| Total number of troops participating | |
| Total number of girls participating | <u> </u> |
| Total number of evaluations received | <u> </u> |
| responses and total number of no response Summarize the results for the GSLE. On tonumber of responses for 15 possible outcomes | ed copy of your evaluation form, indicate the total number of yes |
| For open-ended questions, summarize rep Positive: | epresentative comments that were: |
| Negative: | |
| General Comments and Suggestions: | :: |
| Ideas for future: | |

CROSSROADS SERVICE UNIT PAYMENT REQUEST

| Request Date: | | | |
|------------------------|----------------------------|-----------------|--------------------------|
| Name: | | | _ |
| Phone: | | | _ |
| A.1.1 | | | |
| Address: | | | - |
| | | | |
| Event/Program: | | Event Da | te: |
| Receipt Number | Category (see list below) | Supplier/ Store | Amount |
| example receipt: 1 | food | Costco | 29.85 |
| Example receipt: 2 | crafts | Michaels | 13.53 |
| example receipt: 2 | decorations | Michaels | 6.97 |
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| | | TOTAL AMOUNT | |
| | | | |
| ***REQUIRED** | * | | For Bookkeeping Use Only |
| Signature of Event Or | ganizer or Event Treasurer | 1 | Date paid: |
| | | | |
| | | 1 | Check #: |
| Sign here | | | |
| Crossroads Paym | nent Request Directions | : | |

- 1. Complete one payment request per person or Troop.
- 2. Attach ORIGINAL RECEIPTS ONLY. Copies will NOT be accepted.
- 3. Number your receipts.
- 4. One receipt per line. (Example receipt number 1)
- 5. If a receipt has 2 or more item categories, list each category on a separate line, with the amount of each

category in the amount column. (See example receipt number 2)

6. Categories: (Choose One per line) CRAFT, DECORATION, ENTERTAINMENT, EQUIPMENT, FOOD, **INSURANCE**

OFFICE SUPPLIES, PATCHES/BADGES, PHOTOGRAPHY, PRINTING/COPIES, SITE, SUPPLIES, T-**SHIRTS,** OTHER

- 7. Continue on back of form, if more lines are needed.
- 8. The Event Organizer or Treasurer MUST SIGN the request form

Rev. August, 2017

CROSSROADS SERVICE UNIT DEPOSIT SLIP

Submit to Crossroads Treasurer

| TODAY'S DATE: | 1. Event Organizer must sign t |
|---|--|
| EVENT NAME: | 2. The name & date of the even memo line of each check. |
| EVENT DATE: | 3. Each check is made payabl |
| CASH: | 4. Submit the deposit to the |
| CHECKS: | at least 1 week prior to the |
| TOTAL DEPOSIT: | |
| Include EVENT NAME & DATE on each check | 5. For payment by Product Sa |
| Event Organizer: | complete the Product Sales R |
| Event Organizer Signature: | submit with the deposit slip. Rewards in the Deposit total. |
| For Bookkeeping Use Only: | |
| Deposit Amount verified by: | |
| Date Deposited: | |

CRSU Deposit Slip Instructions:

- 1. Event Organizer must sign the deposit slip.
- ent must be on the
- e to Crossroads CRSU
- Crossroads Treasurer e event.
- les Rewards, eward Card form and Do not include the

Excel file: available at crossroadsgirlscouts.com, under EVENTS, under EVENT PLANNING

| Crossroads Budget Worksheet | | Fill the cells that are shaded this color. |
|---|-------------|--|
| Event Name: | | |
| Event Date: | | |
| Budget Submission Date: | | |
| Troop Number: | | |
| Troop Level: | | |
| Trained Event Director: | | |
| Event Co-director (for events over \$5,000 incom e) | | |
| Event Treasurer (for events over \$3,000 incom e) | | |
| Prepared by: | | |
| Position: | | |
| Phone: | | |
| Email address: | | |
| | | |
| ANTICIPATED EXPENSES: | | |
| Site Rental Fee | | |
| Printing | | |
| Food | | |
| Patches | | |
| Cleaning Supplies | | |
| Insurance (\$.55 per day) | | \$0.55 |
| Postage | | |
| Decorations | | |
| Crafts | | |
| Donations* (to others) | | |
| *Beneficiary of above donation | | |
| Other Program Supplies (list below) | | |
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| | | |
| Total Estimated Expenses | (A) | \$0.55 |
| | | |
| ANTICIPATED INCOME: | | Estimated Cost |
| Donations/Community Contributions | | |
| Other | | |
| | | |
| Income credits (total of above items) | (B) | \$0.00 |
| | | |
| | (0) | A |
| Income needed from participants (A-B=) | (C) | \$0.55 |
| | | |
| 0.1.5 | | |
| Girl Fees | # girls | |
| | fee | *** |
| | (D) | \$0.00 |
| A 1 1 | M = 1 14 | |
| Adult Fees | # adults | |
| | fee | 20.00 |
| | (E) | \$0.00 |
| Total of participants! foca (P. F.) | / E\ | # 0.00 |
| Total of participants' fees (D+E=) | (F) | \$0.00 |
| Net Estimated Profit or (Loss) from Event (F-C=) | (G) | (60 EE) |
| Net Estimated Fibili Of (E055) HOIII EVERIL (F-C=) | (G) | (\$0.55) |

Excel file: available at crossroadsgirlscouts.com, under EVENTS, under EVENT PLANNING

| Crossroads Final Finance Report | | Fill the cells that are shaded this color. |
|--|----------|--|
| Event Name: | | |
| Event Date: | | |
| Budget Submission Date: | | |
| Troop Number: | | |
| Troop Level: | | |
| Trained Event Director: | | |
| Event Co-director (for events over \$5,000 incom e) | | |
| Event Treasurer (for events over \$3,000 incom e) | | |
| Prepared by: | | |
| Position: | | |
| Phone: | | |
| Email address: | | |
| | | |
| ANTICIPATED EXPENSES: | | |
| Site Rental Fee | | |
| Printing | | |
| Food | | |
| Patches | | |
| Cleaning Supplies | | |
| Insurance (\$.55 per day) | | \$0.55 |
| Postage | | |
| Decorations | | |
| Crafts | | |
| Donations* (to others) | | |
| *Beneficiary of above donation | | |
| Other Program Supplies (list below) | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| Total Estimated Expenses | (A) | \$0.55 |
| • | ` , | |
| ANTICIPATED INCOME: | | Estimated Cost |
| Donations/Community Contributions | | |
| Other | | |
| | | |
| Income credits (total of above items) | (B) | \$0.00 |
| | | |
| | | |
| Income needed from participants (A-B=) | (C) | \$0.55 |
| | | |
| F · · = | | |
| Girl Fees | # girls | |
| | fee | |
| | (D) | \$0.00 |
| A 1 1 | ,, | |
| Adult Fees | # adults | |
| | fee | 40.00 |
| | (E) | \$0.00 |
| Total of participants' fees (D+E=) | (F) | \$0.00 |
| Total of participants lees (DTE=) | (1) | \$0.00 |
| Net Estimated Profit or (Loss) from Event (F-C=) | (G) | (\$0.55) |
| . 151 Zouriated : 1511 67 (2005) 110111 Z voit (1 -0-) | (Ο) | (ψ0.55) |

Rev. August, 2017