

COUNCIL USE: EVENT CODE:# _____
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Council Event   
 Service Unit Event

**Program Event Plan**

Name of Event:	Program Level: D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/>
Date/Time:	Location:
Event Coordinator's Name:	
Address:	Day Phone:
Consultant Name:	Day Phone:
First Aider Name:	Day Phone:

Assistant Event Coordinators

Name	Address/Zip	Phone

Est. # of girls attending event:

Est. # of adults attending event:

Activity Plan	Description	Material/Supplies

*This form must be submitted to the Girl Scouts of New Mexico Trails Albuquerque Program/Service Center two (2) months before the event is held. Cookie Dough may be used only for events that have been approved.*

**ESTIMATED INCOME**

Program Fees \_\_\_\_\_ X Estimated Number of Participants \_\_\_\_\_  
Patches, T-Shirts, etc. (If this is not included in the fee) \_\_\_\_\_  
Patches, T-Shirts, etc. (If this is not included in the fee) \_\_\_\_\_  
Other (i.e., sponsorship) \_\_\_\_\_  
Other (i.e., sponsorship) \_\_\_\_\_  
Cookie Program Credits (Cookie Dough) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Total Income: \_\_\_\_\_

**Estimated Expense**

Food \_\_\_\_\_  
Transportation \_\_\_\_\_  
Lodging \_\_\_\_\_  
Admission / Entrance Fees \_\_\_\_\_  
Program Fees / Site Fees \_\_\_\_\_  
Staffing (Program Consultants, Lifeguards, Nurses, First Aid Assistants, etc.) \_\_\_\_\_  
Equipment Purchase or Rental \_\_\_\_\_  
Insurance (Non Girl Scout, Consultants) \_\_\_\_\_  
Program Supplies (please specify) \_\_\_\_\_  
Program Supplies (please specify) \_\_\_\_\_  
Participation Patches \_\_\_\_\_  
Postage \_\_\_\_\_  
Flyers \_\_\_\_\_  
Recognition / Gifts \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Total Expenses: \_\_\_\_\_

Estimated Surplus (Shortfall): \_\_\_\_\_

Advance to request from GS-NMT Service Center: \_\_\_\_\_

Issue advance check to: \_\_\_\_\_  
Name Address

Check is needed by: \_\_\_\_\_ Date

Event Coordinator \_\_\_\_\_ Date  
Membership Services (under \$100) \_\_\_\_\_ Date  
Program Department \_\_\_\_\_ Date

\_\_\_\_\_  
Service Unit Manager Signature

\_\_\_\_\_  
Date