



# SERVICE UNIT EVENT WORKSHEET

EVENT NAME \_\_\_\_\_ Site \_\_\_\_\_

Date(s) \_\_\_\_\_ Time \_\_\_\_\_ Type of transportation \_\_\_\_\_

**ESTIMATED EXPENSES:** (Fill in each category that applies to your event.)

Site fee .....	\$ _____
Transportation # _____ busses x \$ _____ per bus = .....	\$ _____
Food .....	\$ _____
Program (event supplies) .....	\$ _____
Decorations .....	\$ _____
Postage .....	\$ _____
Printing .....	\$ _____
Recognitions – patches, buttons, etc. ....	\$ _____
Equipment purchase or rental .....	\$ _____
Other .....	\$ _____
<b>Total Estimated Expenses .....</b>	<b>\$ _____</b>

**ESTIMATED INCOME:** (Divide estimated expenses by number of girls attending to calculate fee.)

Participant fees: \$ _____ per girl .....	x _____	# girls .....	\$ _____
(# of participants is based on 1/3 of girls in service unit attending.) \$ _____ per adult ...	x _____	# adults .....	\$ _____
\$ _____ per couple	x _____	# couples .....	\$ _____
<b>Total Estimated Income .....</b>			<b>\$ _____</b>

Person in charge of event \_\_\_\_\_ **Home** Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Work** Phone (\_\_\_\_) \_\_\_\_\_ **Cell** Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Level I First-aider \_\_\_\_\_ (**current in first aid & CPR**) Expiration dates \_\_\_\_\_

**A Level II First-aider is necessary for a service unit camping event with 200 or more participants (girls and adults).**

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Indoor Overnight trained adult \_\_\_\_\_

Outdoor Overnight trained adult \_\_\_\_\_ (one per 32 girls)

Emergency contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Must be available during event and have participant roster with phone numbers.)

Swimming Activity Checkpoint – A certified lifeguard (**18 years or older**) and two (2) other “watchers” are to directly supervise each group up to 30. Both watchers must be skilled in the use of basic rescue equipment, such as reach poles and ring bouys.

Certified lifeguard \_\_\_\_\_ Expiration date \_\_\_\_\_

Certified lifeguard \_\_\_\_\_ Expiration date \_\_\_\_\_

Certificate of insurance: Needed? \_\_\_\_\_ yes \_\_\_\_\_no On file? \_\_\_\_\_ yes \_\_\_\_\_no  
(to be checked by Girl/Adult Membership Assistant)