

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

2011-2012 EVENT PACKET

An "event" is any activity open to **more** than two troops, requires pre-registration or involves a budget over \$100. For an activity involving less money, submit [Crossroads Final Finance Report](#) to the Crossroads treasurer, Tina Mancebo, within 3 weeks after the event. No other parts of this packet are necessary.

Questions? Contact the Service Unit Event Coordinator, Liz Crocker, Liz@LFCrocker.com or 803-8767.

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Crossroads Service Unit Coordinating Team (CT) Key Contacts for Event Planning 2011-2012

Service Unit Event Coordinator:

Liz Crocker Home: 803-8767
Liz@LFCrocker.com
11233 Rolling Hills Drive, Dublin, 94568

Service Unit Director:

Liz Crocker Home: 803-8767
Liz@LFCrocker.com
11233 Rolling Hills Drive, Dublin, 94568

Service Unit Treasurer:

Tina Mancebo Home: 249-1655
style1776@sbcglobal.net
6737 Paseo San Leon, Pleasanton 94566

Membership Coordinators:

Neighborhood 335: Jan Krzesinska 461-8760
jan.k@comcast.net

Neighborhood 336: Karen Easley 426-1148
Keasley7@comcast.net

Neighborhood 337: Karen Easley 426-1148
Keasley7@comcast.net

Neighborhood 338: Katherine Utsumi 828-7619
knitkatsumi@gmail.com

CT Meetings: usually the 4th Monday of the Month, presentations at 7:00pm
Please check the [Crossroads Event Planning Web Site](#) for current calendar
Lydiksen School, library, 7700 Highland Oaks Dr., Pleasanton

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

EVENT TIMELINE AND CHECKLIST

3 MONTHS PRIOR TO EVENT

- ❑ Identify trained Event Director for your Troop. Training available [on-line](#) if needed.
- ❑ Determine Event theme and program content
- ❑ Secure site: see "Event Site Checklist" pg. 4.
- ❑ Develop event budget: see "Budget Worksheet" pg. 12.
 - ✓ For a large event (budget over \$2500), choose separate people to be Event Organizer and Event Treasurer
- ❑ Create Event Flyer: see "Flyer Checklist" and "Sample Flyer" pgs 5-6.
- ❑ Contact Service Unit Event Coordinator:
 - ✓ Check School and Girl Scout calendar to avoid scheduling conflicts and religious holidays.
 - ✓ **Email the Flyer and Event Budget to the Service Unit Event Coordinator at least 7 days before the CT meeting at which you will be presenting.**
 - ✓ Consult Council Resource Guide, determine applicable safety requirements:
 - ✓ Adult/Child Ratio: _____
 - ✓ Non-member Insurance? _____
 - ✓ Name of Level 1 First Aider _____
 - ✓ Name of Level 2 First Aider (if required) _____
 - ✓ Other required training? **Every event must have one person who has taken Event Director Training.** Other specific events might require training such as: Troop Trips, Beginning Camping, etc. _____
- ❑ Decide on Event patch style. (Design-it, JoyCrest, etc)
- ❑ Contact possible donors via telephone for supplies (snacks, gifts etc.)
- ❑ If Event is a Money Earning Event, submit a [Money Earning Application](#) and [Money Earning Evaluation](#), required by Council for approval.
 - ✓ Supply copy of both documents to Service Unit Event Coordinator.

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.
- ❑ Complete [Event Emergency Form](#) on-line (information needed on p. 15.) This is a Council requirement.
- ❑ Approved flier, with any final CT modifications, may be presented and distributed at the next Leader meeting.
 - ✓ Event committee is responsible for making copies and stuffing Neighborhood boxes.
 - ✓ Email the approved final flyer to Service Unit Event Coordinator.
 - ✓ Flyer will be posted on the [Crossroads Event Flier web site](#) 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.

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

EVENT TIMELINE AND CHECKLIST (cont)

1 MONTH PRIOR TO EVENT

- ❑ Begin to process registrations:
 - ✓ Set up registration log (track totals, use for check-in at event; see sample pg.7)
 - ✓ **If assistance from Crossroads Friendship Fund is requested, waive fee for girl, record the amount as credit under income on the Event Financial Report (pg. 10)**
 - ✓ Send out confirmations and/or additional information, if appropriate.
 - ✓ 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.
- ❑ Order patches (custom patches may take longer.)
- ❑ Complete [Event Notification and Report Form](#) on-line, (see example on p.14.) This is a Council requirement.
- ❑ Print several copies of the Media Information sheet, p.16.
- ❑ Purchase and/or get confirmation on all supplies and donations. Stay within budget when making purchases.
- ❑ Prepare event evaluation form (see example, pg. 8), copy or create your own.
- ❑ Prepare troop registration packets (to distribute at check-in), if appropriate.
- ❑ Do "dress rehearsal" of ALL planned activities!

DAY OF EVENT

- ❑ If emergency results in media contact, please refer to the Media Information Sheet, p.16, with instructions to hand out to the media

Within 3 WEEKS AFTER THE EVENT

- ❑ Complete Financial Report for Events (pg. 13) and submit to Crossroads Treasurer. All **original receipts** are attached to a separate sheet of paper and attached to reimbursement form.
 - ✓ **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.
 - ✓ Submit any remaining checks to Service Unit Treasurer.
 - ✓ Event treasury needs to be closed out within 3 weeks of event.
 - ✓ All payment requests **must** be approved and signed by the Event Organizer and/or Event Treasurer before submission to Service Unit Treasurer.
- ❑ Evaluate the event
 - ✓ Within first few days, write brief personal evaluation of event
 - ✓ Complete Event Evaluation Summary (see page 9), using participants' evaluations.
- ❑ Submit final event report to Service Unit Event Coordinator. Include:
 - ✓ Copy of event financial report
 - ✓ Event Evaluation Summary
 - ✓ Your personal evaluation of event
 - ✓ Any other information that might help subsequent organizers for this event (optional)
- ❑ Return any equipment purchased with event funds to Crossroads Service Unit Event Coordinator.
- ❑ Write thank-you notes to the donors who sponsored the event.
- ❑ Write thank-you notes to the people who helped with the event.

CONGRATULATIONS - YOUR EVENT IS COMPLETE!

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

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 raincheck policy?
- 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.

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

FLYER CHECKLIST

UPPER (INFORMATIONAL) PART OF FLYER should include the following:

- ❑ **“GIRL SCOUTS OF NORTHERN CALIFORNIA, CROSSROADS SERVICE UNIT”** must be at the top of the flyer.
- ❑ **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 (B, J, C, S, A), Crossroads Service Unit, your school, 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.
 - ✓ Bronze, Silver or 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.**
- ❑ **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 Safety-Wise 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

Science In Action

A Bronze Award event hosted by Troop 30001
All Crossroads Brownie Girl Scouts are invited to attend!

Date: Friday, May 15, 2009
Time: 4:00pm–5:30pm
Place: Lydiksen Multipurpose Room, 7700 Highland Oaks Drive, Pleasanton
Cost: \$5.00 per girl
Includes: crafts, activities, “Science in Action” Try-It and snack

This event is limited to 100 girls.
Please register by Friday April 24, 2009.

Questions? Please contact Liz Crocker, 803-8767 or Liz@LFCrocker.com

----- separate here-----

Registration for Science In Action
Friday May 15, 2009

Troop # _____ Contact person _____ Phone: _____

Contact person email: _____

Level (circle all applicable): 2nd grade 3rd grade

_____ # of girls attending x \$5.00 each = \$ _____

_____ # of adults attending (no charge) – (due to space, please limit to *SafetyWise* ratios)

Total enclosed \$ _____

Please make check payable to **Crossroads Service Unit** (**one check per troop**)

Return registration form and check by **Friday, April 24** to:

Liz Crocker, 11233 Rolling Hills Drive, Dublin, 94568
803-8767 Liz@LFCrocker.com

We will confirm receipt of your registration by email.

Register early! Space is limited and will fill up fast!

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

Event Evaluation Form

Use this form as a guide to develop an evaluation for your event. 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), or at the next Service Unit meeting. (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: _____ **Date** _____

Troop Level (if multilevel event): _____

Please circle responses:

- | | |
|--|----------|
| 1. Did you and your girls enjoy this event? | Yes / No |
| 2. Were the facilities appropriate for the program and number of participants? | Yes / No |
| 3. Do you feel this was a timely month for the event? | Yes / No |
| 4. Was the event appropriate to the age level(s) it served? | Yes / No |

If no, please explain. _____

- | | |
|---|----------|
| 5. Did you receive enough information about the event? | Yes / No |
| 6. Did you have enough time to register? | Yes / No |
| 7. Did you feel this event was priced fairly? | Yes / No |
| 8. Was there adequate time allotted for the event activities? | Yes / No |
| 9. What did you and your girls like BEST about the event? | |

10. What did you and your girls like LEAST about the event?

11. Comments? Suggestions?

12. Ideas for the future?

GIRL SCOUTS OF NORTHERN CALIFORNIA
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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 _____

Total number of evaluations received _____

Attach a copy of the evaluation form that participants/leaders (circle one) filled out.

- For each yes/no question: On the attached copy of your evaluation form, indicate the total number of yes responses and total number of no responses, for all evaluations received.
- For open-ended questions, summarize representative comments that were:

Positive:

Negative:

General Comments and Suggestions:

Ideas for future:

CROSSROADS SERVICE UNIT PAYMENT REQUEST

Request Date: _____ E-mail: _____

Issue Check to:

Name: _____ Phone: _____

Address: _____
Street City Zip

Event/Program Name: _____ Event Date: _____

Original receipts must be attached for all items.

Items for payment (list individually):

Supplier/Store	Description of Items	Amount
TOTAL AMOUNT		

*****REQUIRED*****
 Signature of Event Organizer
 or Event Treasurer (large Events):

For Bookkeeping Use

Date paid:
 Check #:

CROSSROADS SERVICE UNIT PAYMENT REQUEST

Request Date: _____ E-mail: _____

Issue Check to:

Name: _____ Phone: _____

Address: _____
Street City Zip

Event/Program Name: _____ Event Date: _____

Original receipts must be attached for all items.

Items for payment (list individually):

Supplier/Store	Description of Items	Amount
TOTAL AMOUNT		

*****REQUIRED*****
 Signature of Event Organizer
 or Event Treasurer (large Events):

For Bookkeeping Use

Date paid:
 Check #:

**CROSSROADS SERVICE UNIT
DEPOSIT SLIP**

Submit to Crossroads Treasurer

TODAY'S DATE: _____
EVENT NAME: _____
EVENT DATE _____

Cash: _____
Checks: _____
TOTAL DEPOSIT _____

Event Organizer: _____

Signature: _____
(submitted by)

**Include Event and Date
in memo line of each check**

For Bookkeeping Use only:

Deposit Amount Verified By: _____

Date Deposited: _____

**CROSSROADS SERVICE UNIT
DEPOSIT SLIP**

Submit to Crossroads Treasurer

TODAY'S DATE: _____
EVENT NAME: _____
EVENT DATE _____

Cash: _____
Checks: _____
TOTAL DEPOSIT _____

Event Organizer: _____

Signature: _____
(submitted by)

**Include Event and Date
in memo line of each check**

For Bookkeeping Use only:

Deposit Amount Verified By: _____

Date Deposited: _____

**CROSSROADS SERVICE UNIT
DEPOSIT SLIP**

Submit to Crossroads Treasurer

TODAY'S DATE: _____
EVENT NAME: _____
EVENT DATE _____

Cash: _____
Checks: _____
TOTAL DEPOSIT _____

Event Organizer: _____

Signature: _____
(submitted by)

**Include Event and Date
in memo line of each check**

For Bookkeeping Use only:

Deposit Amount Verified By: _____

Date Deposited: _____

**CROSSROADS SERVICE UNIT
DEPOSIT SLIP**

Submit to Crossroads Treasurer

TODAY'S DATE: _____
EVENT NAME: _____
EVENT DATE _____

Cash: _____
Checks: _____
TOTAL DEPOSIT _____

Event Organizer: _____

Signature: _____
(submitted by)

**Include Event and Date
in memo line of each check**

For Bookkeeping Use only:

Deposit Amount Verified By: _____

Date Deposited: _____

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 income)		
Event Treasurer (for events over \$3,000 income)		
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		
<i>Other Program Supplies (list below)</i>		
Total Estimated Expenses	(A)	\$0.55
ANTICIPATED INCOME:		
Donations/Community Contributions		
Other		
Income credits (total of above items)	(B)	\$0.00
Income needed from participants (A-B=)	(C)	\$0.55
Girl Fees	# girls	
	fee	
	(D)	\$0.00
Adult Fees	# adults	
	fee	
	(E)	\$0.00
Total of participants' fees (D+E=)	(F)	\$0.00
Net Estimated Profit or (Loss) from Event (F-C=)	(G)	(\$0.55)

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 income)		
Event Treasurer (for events over \$3,000 income)		
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		
<i>Other Program Supplies (list below)</i>		
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
Girl Fees	# girls	
	fee	
	(D)	\$0.00
Adult Fees	# adults	
	fee	
	(E)	\$0.00
Total of participants' fees (D+E=)	(F)	\$0.00
Net Estimated Profit or (Loss) from Event (F-C=)	(G)	(\$0.55)



Event Notification and Report Form

File with service unit before AND after all events, and submit to CDD at least two weeks before the event to ensure that emergency info will be included on the GSNC Master Calendar.

Date form completed _____ Preliminary Final Report

This form should be filed with the service unit as a communication tool as soon as possible in the planning process and before the event has been publicized to participants. Submit to CDD at least two weeks before event. Within two weeks after event, adjust form with actual information and submit with Financial Form for Events to service unit.

Event Director Name	Event Director Contact Address
Service Unit	City/State/Zip
Day of Event: On Site Emergency Contact Phone #	Phone # E-mail address

About the Event:

Event Name _____

Date & Time _____

Location _____

# of Girls	# of Adults	# of Non-Members <small>(unregistered adults or children)</small>
<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A		

(Grade Levels served with this event)

Briefly describe activities and outcomes:

Girl Leadership Experience
 Briefly describe how girls will gain leadership experience with this event:

Forms & Procedures:
Check forms that will be/have been completed:
(NOTE: not all of these may be required for your trip/activity)

<input type="checkbox"/> Contract with Facility/Vendor	<input type="checkbox"/> Non-member insurance
<input type="checkbox"/> Rental Agreements	<input type="checkbox"/> Trip & High Risk Activity Notification & Approval Form if any high risk activities
<input type="checkbox"/> Girl Permission Forms (annual or regular)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Girl Health History Forms	<input type="checkbox"/> Adult Health History Forms

Check procedures which will be/have been followed:

- Rosters of all girl and adult participants maintained
- Promotional flyers approved by service unit prior to distribution
- Copy this form to Area Director for inclusion in council Master Events Calendar at least 2 weeks prior to event
- A copy of the emergency plan provided to all event staff and at least one adult participant from each troop/group

Finances:

Estimated total event cost \$ _____

Estimated fee, each participant \$ _____

Attach Financial Report for Events to this form

Check forms that will be/have been completed:

- Money Earning Application
- Money Earning Evaluation
- Gifts in Kind Form(s)
- Sponsorship Agreement Form

Check procedures which will be/have been followed:

- Fundraising (The direct solicitation of businesses, organizations or individuals asking for funds) done solely by adults
- Planning decisions considered affordability of event for the girls in the area being served
- Complete financial records kept including original receipts
- Financial report and funds turned over to service unit within two weeks of event

Special Requirements:

Name of person who has completed Event Director Training _____

Approximate Date of Training: _____

First Aider Required? Level 1 Level 2

If yes, name of Certified First Aider _____

Date of certificate expiration _____

Other special adult training or certification needed (Safe Food Preparation, Troop Camping Certification, lifeguards, etc)? If so, please provide name, certification information and training dates (use reverse of form if needed)

Per our Council requirements, all events need to be submitted on-line at: http://www.girlscoutsnorcal.org/pages/for_volunteers/su_event_form.html

As soon as your flyer is approved, please complete this form to get your Event ID.

By submitting this form well in advance of your event, the council will be prepared in case of emergencies at your event. We'll also have the needed information to answer questions and help you promote your event if we happen to get calls to our council office about it. This information will be stored on a private website, and will not be accessible by the public.

Once you submit this form, you can print out a copy. An e-mail with this form will also be sent to the Event Coordinator and our CDD, Julee Melhus. If at any time you need to update or change the information that was submitted, please contact Julee directly to change the final form at Council.

How to complete the Service Unit Event Emergency Form

- 1) **EVENT INFORMATION:** Choose your **County** from the drop down (Alameda)
- 2) Choose your **City** from the drop down
- 3) Enter **Name of Your Event**
- 4) Enter the **Location name and address**
- 5) Enter the **Start Date** of your Event
- 6) Enter the **End Date** of your Event
- 7) Enter the **Start Time** of your Event
- 8) Enter the **End Time** of your Event
- 9) Enter the **Expected # of participants** (girls and adults)
- 10) **EVENT DIRECTOR INFORMATION** Enter the **Name** of your Troop's **Event Director**
- 11) Enter **Event Director's home phone**
- 12) Enter **Event Director's cell phone** (optional)
- 13) Enter **Event Director's email address**
- 14) **EMERGENCY CONTACT INFORMATION** Enter **Emergency Contact for that day**
 - a. (this person will be at home during the event)
- 15) Enter **Emergency Contact home phone**
- 16) Enter **Emergency Contact cell/other phone**
- 17) **SERVICE UNIT INFORMATION** Choose **Alameda County**
- 18) Choose **Crossroads** (this will auto-fill our CDD contact info)
- 19) **SERVICE UNIT DIRECTOR** Enter Crossroads Service Unit Director: **Liz Crocker**
 - a. Home 925-803-8767
 - b. Cell 925-788-9149
 - c. Email Liz@LFCrocker.com
- 20) And finally, the hardest part... trying to read the wiggly graphics/words at the bottom and re-typing them to be able to submit your form.
- 21) Click Submit

Your page will refresh and your completed document will appear with the Event ID listed in the top left corner.

Print this page for your records.

Email that ID number to Liz Crocker.

