

Event Name \_\_\_\_\_ Region Number \_\_\_\_\_

Event Date(s):	
Start Time: End Time:	
Program Level(s)	
Registration Start/End date and time	Start date/time: End date/time:
Location: (include full address, including zip code)	
Min/Max Girls:	
Min/Max Adults: Required for ratio?	
Pricing Adult/Girl:	Girl: \$ Adult: \$
Do you have flexibility in your maximum? (Y/N) Explain	
Event Chair and Contact email:	
GSLE Outcomes Addressed:	
Badges/Journeys GSLE Included:	
Details/ Proposed Activities	
Items to be provided by region, ex. badges, journey books etc.	
Description for Golden Link/ Online Registration	

**Budgeting:**

Use the template below to outline your budget. Revisit this planning tool once the event is over to note the actuals.

NUMBER	BUDGETED REVENUE
Girls	
Adults	
<b>TOTAL</b>	

EXPENSES	BUDGET
Location	

REGION:                      EVENT NAME:    LEVEL:

Food/Snacks	
Program Supplies	
Patches/ badges/ awards	
Cleaning/ First Aid Supplies	
Thank You's	
Contingency Fund	
Insurance (if needed)	
Other: Security Guard, etc...	
Other:	
<b>TOTALS</b>	

Regions should plan on events being self-sufficient by charging participants enough to cover the costs or by providing additional funding through Region cookie money or other proceeds. It is recommended that volunteers budget a contingency amount for unexpected expenses.

**Planning:**

Meeting /Purpose	Date	Attendees

**Publicity:**

Task	Date	Completed by
Submit Information for the Golden Link minimum of 3-4 month prior (girl event) Which issue: _____		
Submit Information for the program level target email (girl event)		
Create Flyer		
Post information to Social Media		
Send out email to Region Members		
Other: _____		

GSLE Manager/ VEM \_\_\_\_\_

REGION: \_\_\_\_\_ EVENT NAME: \_\_\_\_\_ LEVEL: \_\_\_\_\_

## Post Event Report

**Report After the Event (Please submit within 2 weeks after):**

Actual Number of Girls/Adults:	
Girl Planning Board? If yes, how many girls?	
Event Details: (speakers, station rotations, schedule, etc.)	
What went well:	
What would you change:	

Please attach any documents created that would help another event chair to duplicate this offering.

EXPENSES	ACTUAL
Location	
Food/Snacks	
Program Supplies	
Patches/ badges/ awards	
Cleaning Supplies	
First Aid Supplies	
Thank You's	
Contingency Fund	
Insurance (if needed)	
Other:	
<b>TOTALS</b>	

NUMBER	ACTUAL REVENUE
Girls	
Adults	
<b>TOTAL</b>	