



SECTION:
AREA:

1. You must complete this form for all program events at the Area level
2. At least 3 months before the event, submit form to the Area Commissioner and the Deputy Council Commissioner (Special Programs).
3. If you need funding assistance you must include a budget (no advance funds will be provided until the event has been approved).
4. *All approved events will be listed in the Events section on the Council's website*

Event Name:	Location:	From Date:	To Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Host Area(s):	Open to Council:	Limited to Area(s):	Registration Cut-Off Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who will attend ?:

Colony <input type="checkbox"/>	-	Pack <input type="checkbox"/>	-	Troop <input type="checkbox"/>	-	Older Youth <input type="checkbox"/>	-	Adult <input type="checkbox"/>
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What is the objective of the Event ? (What do you want the Event to achieve ?):

How will the Event specifically support the Section Program of those attending ?:

Participant Costs:			Equipment provided by participants:	Required Ability Level:	Activity Limitations:
Youth	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult	\$	<input type="text"/>			
Other	\$	<input type="text"/>			

Organizing Team:	Name:	Home Telephone:	Business Telephone:	Email:
Coordinator / Chair	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Risk Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Submitted:	Event Coordinator:	Home Telephone:	Business Telephone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Approved:	Area Commissioner:	Comments:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Approved:	Deputy Council Commissioner:	Comments:
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPLETE BUDGET SUMMARY ON THE REVERSE OF THIS FORM.
ATTACH PROPOSED EVENT PROGRAM OUTLINE.

