



**SPECIAL EVENT/MONEY-EARNING ACTIVITY APPLICATION**

**All Special Events/Money-Earning Activities must be approved by council staff prior to advertisement or execution of the program. All contracts must be signed by the CEO of Girl Scouts of Central Maryland. Contracts will not be executed without approval of the event.**

Special Event/Money-Earning Activity Applications, MUST have all necessary signatures and be submitted to GSCM via [membercare@gscm.org](mailto:membercare@gscm.org) for approval not less than **30 days prior to the activity.**

Today's Date:		Service Unit:		Troop/Group:	
Event Name:		Event Location:		Event Date:	
Person in Charge Name:		First Aider Name:		Emergency Contact Name:	
This event is for:	<input type="checkbox"/> Girl Scouts ONLY	# of Girls:		# of Adults	
		Transportation Provided?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No		Contracts to be signed (venue, equipment, transportation)?
	<input type="checkbox"/> Tag-a-long/Family		Additional Insurance:		
		<input type="checkbox"/> Application/Check Attached		<input type="checkbox"/> Proof of Purchase Attached	
Have you reviewed GSCM Volunteer Essentials and Safety-Wise requirements and does your event plan and safety plan comply with the requirements?		Are any of your activities considered high-risk?		Do you have permission slips for all girls participating in the running of this event?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Is your event virtual or in-person?	
				<input type="checkbox"/> Virtual	<input type="checkbox"/> In-person
If your event is in-person, have you reviewed GSCM, State, Local and Federal COVID-19 guidelines for in-person activities?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Please describe your plan to limit risk below. If necessary, use an additional sheet.					
Provide a description of the event and the girls' responsibility in carrying it out:					
Is event a MEA (Fee charged?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did girls meet product sale participation guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If MEA, is event net profit or net zero?	<input type="checkbox"/> Net Profit (Fee charged to make a profit)	<input type="checkbox"/> Net Zero (Fee to cover cost of event ONLY)	What is amount necessary to fund girl plans?	How many MEAs has (or will) your troop offer this year?	
What is the reason you are seeking additional funds outside of the council-sponsored product programs? If you are seeking to participate in more than two (2) MEAs, in addition to council-sponsored product sales, please explain in detail why. Attach an additional sheet if necessary. If seeking to host an event that is net profit, you must provide a troop/group budget.					
Signatures (Event organizers who sign below certify that they have accurately answered all of the relevant questions listed above. SUMs and Staff who sign below certify that they have reviewed the information provided and that the information complies with GSCM Policy, Guidelines, Standards and Procedures).					
Event Organizer:		Date:			
Service Unit Manager:		Date:			
Council Staff (M&R)		Date:			
Council Staff (Prog)		Date:			

**Do you have all necessary attachments?**

Flyer,  Insurance application,  Contract(s) to be executed,  Roster and  Budget