

## Event Information Worksheet

Please fill out this form completely and send it to the Camp Ranger where you will be holding your event at least 30 days prior to the event. If there are any questions or concerns, the Camp Ranger will contact you.

### Basic Event Info

District: \_\_\_\_\_ Event Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Which camp will the event be held at?     Bashore                       Mack

Is this event for (check all that apply):     Cub Scouts     Boy Scouts     Venturers

Estimated Attendance: \_\_\_\_\_ Scouts                      \_\_\_\_\_ Adults                      \_\_\_\_\_ Staff

When do you plan on coming to begin setting up? \_\_\_\_\_

### Event Personnel:

Event Chair: \_\_\_\_\_ Chair Phone: \_\_\_\_\_ Chair Email: \_\_\_\_\_

Event Staff Adviser: \_\_\_\_\_ Adviser Phone: \_\_\_\_\_ Adviser Email: \_\_\_\_\_

Medical Officer: \_\_\_\_\_ Certification: \_\_\_\_\_

### Event Food:

Will you be using the camp kitchen?     Yes                       No

If yes, who is your person trained in food safety? \_\_\_\_\_

Will food be delivered to camp?                       Yes                       No

If yes, by what company? \_\_\_\_\_                      When? \_\_\_\_\_

### Event Program and Schedule

To this form, please attach an event schedule and a camp map showing where and what activities are planned.

Do you want the Camp Trading Post Open?     Yes                       No

If yes, what days/times? \_\_\_\_\_

Shooting Sports Program

See the Year Round District Activities Guide for further Information

Will you be offering shooting sports activities? (check all that apply):

\_\_\_\_\_ BB Guns \_\_\_\_\_ .22 Rifles \_\_\_\_\_ Shotguns \_\_\_\_\_ Archery \_\_\_\_\_ Other: \_\_\_\_\_

**Archery:** Who is your certified Archery Instructor? \_\_\_\_\_

List all assistant instructors: \_\_\_\_\_

**All Firearms:** Who is your certified Range Safety Officer (RSO)? \_\_\_\_\_

**BB/Rifle/Shotgun:** List all instructors and their certifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Shooting Sports:** List any other shooting sports below and say who will be leading the activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aquatics Programs

Do you plan to offer Aquatics Programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is your BSA Aquatics Instructor? \_\_\_\_\_ Age \_\_\_\_\_

What aquatics facilities do you plan to use? \_\_\_\_\_ Pool \_\_\_\_\_ Lake Boating \_\_\_\_\_ Lake Swimming

If you plan to run multiple areas at the same time, your BSA Aquatics Instructor must be at one and someone at least 18 years old, certified as a lifeguard must be at the other.

Do you plan to run multiple aquatics areas at the same time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who will be supervising the second area? \_\_\_\_\_ Age \_\_\_\_\_