EVENT MANAGEMENT FORM

EVENT NAME:				
START TIME: END TIME:				
START DATE: END DATE:				
PLACE:				
COST:				
CONTACT PERSON:		REGI	REGISTER BY:	
What to bring:				
Required forms:				
BSA Health Form: YI	ES NO			
Required training if ne	eded:			
Staff option: YES	NO	Cost:		
Food to be served: YE	S NO	Cost:		
Please list menu or des	cription:			
T-shirts: YES	NO	Cost:		
	small to Adult XL):			
PLEASE ATTACH FLYE	R or do you need one made?	YES NO		
Please list Merit Badge	course, times & fees on separ	rate sheet.		
OTHER/NOTES:				
Event registration requested by:			Date:	
Approved by:			Date:	