

APPLICATION FOR ARCHERY EQUIPMENT APPROVAL
Community, Area, and Council-Wide Programs

Complete a **minimum of two months before the event date**
 and send to the Program Services Specialist at eventapproval@gsvsc.org.

EVENT INFORMATION		
Name of event:		
Date of event:	Time of event:	
Location of event:	Phone number: - -	
Address:		
City:	State:	Zip:
E-mail address:	Website:	

ARCHERY FACILITATOR INFORMATION		
Facilitator:	Today's date:	
Phone number: - -	This number is for: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
E-mail address:		
Event facilitator completed Archery Level 1 Training on (month/year):		
Number of Archery Facilitators:	Number of anticipated girls:	
Name of First-aider attending:	Expiration date for certification (month/year):	
Type of First Aid/CPR/AED training (include copy of certification):		
<input type="checkbox"/> Standard First Aid/CPR/AED (Level 1)	<input type="checkbox"/> More than 200 participants (Wilderness First Aid)	
Qualified Level 2 Archery Facilitators (include copy of certification):		
Name	Type of Certification	Date of Certification (month/year)

AREAS TO BE SERVED			
Check all that apply:			
<input type="checkbox"/> Community:	<input type="checkbox"/> Area#	<input type="checkbox"/> Council-wide	
<input type="checkbox"/> NW	<input type="checkbox"/> NE	<input type="checkbox"/> SW	<input type="checkbox"/> SE

PARTICIPANTS	
Age levels (check all that apply):	
<input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/> Adults <input type="checkbox"/> Non-Girl Scouts	
Participants will attend as:	
<input type="checkbox"/> Troops/groups <input type="checkbox"/> Individuals <input type="checkbox"/> Both	
Potential/estimated number of participants:	Adults:

As archery facilitator, I have done or understand that the following must be done prior to the event:

Additional insurance must be purchased if non-Girl Scouts will be in attendance.

We have reviewed the requirements for Archery [Safety Activity Checkpoints](#) and the policies and procedures in [Volunteer Essentials](#).

To enter a digital signature, follow these instructions: Click your cursor in the Signature field. On the menu above, go to Insert/Signature Line (located on the Text tab)/Microsoft Office Signature Line. Choose OKAY; then fill in the blanks provided.

Event Archery facilitator signature:	Date:
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For Council Use Only:

EVENT APPROVAL	
CAMPOREES, ADVENTURERS or PROGRAM EVENTS	
Program Services Specialist signature:	Date:

EVENT NOT APPROVED	
Reason:	
Signature:	Date:
Position:	