

Activity Set-Up Request

Person making request: _____ Phone: _____

E-mail: _____

Affiliation with activity: _____

Activity/Event Name: _____

Activity Date: _____ End Date (if multiday): _____

Activity Time: _____ Until: _____

If multiple dates and varying times, please specific here:

Will this event host any merit badges? If so what days and what merit badge? _____

Activity/Event Contact E-mail: _____ Activity/ Event Phone Number: _____

Event Details:

Information of Event:

- ✓ Picture/image/flyer representing the event – please provide in jpeg, gif or png format
- ✓ Who this activity/event is intended for: _____

- ✓ Basics of what will happen at this activity/event _____

Address where activity will take place: _____

(if no physical address exists you CAN give location in terms of Latitude and Longitude:

Latitude: _____ deg _____ min _____ sec Longitude: _____ deg _____ min _____ sec

Display Activity on Council's Online Calendar

Check **all** appropriate categories to which this activity belongs:

____ Council Events/Activities (mark this only if it's appropriate that members from all across the Council see and be invited to this Activity)

____ Other possible category: _____

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X PLEASE SET UP ONLINE REGISTRATION FOR THIS ACTIVITY/EVENT

Desired date to start taking registrations: _____

Date you'd like online registrations to CLOSE: _____ at _____
(Default time is at midnight of the indicated date)

Registrant Types	\$\$Cost\$\$	Max # Registrants
Lion _____	_____	_____
Tiger _____	_____	_____
Wolf _____	_____	_____
Bear _____	_____	_____
Webelos _____	_____	_____
Arrow of Light _____	_____	_____
Scouts BSA _____	_____	_____
Venturing _____	_____	_____
Crew _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Late fee **(REQUIRED)**: _____ Date to begin charging late fee: _____

Maximum # of registrations overall (if facility can only hold a certain number, etc.): _____

Pre-requisites to registering for this Activity, if any:

Age-requirement: _____

Registrant-Ratio must be met (e.g., 1 reg adult for every 5 Scouts, etc.) Describe ratio: _____

Prior training attended first (e.g., those registering for an **Advanced** training course must first have completed the **Basic**, etc.) Specify pre-requisite: _____

Info to collect for each named registrant (mark all that apply): ___ Nickname ___ Gender

___ Address ___ Phone ___ Email ___ Unit & # ___ Registered Position

___ Medical Forms ___ Food/ Other Allergies ___ T-Shirt Size ___ Additional Lunches

Additional information: _____

YES – please have copy of each online registration confirmation receipt e-mailed to:

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PROMOTION OF THE ACTIVITY:

Written collateral Flier _____ Facebook _____ Other _____

Document drafts must be submitted electronically to the Council in **EDITABLE** format (like MS Word or Publisher, for instance) – e-mail docs to

Please note the number of Fliers or other written collateral need here: _____

Approved fliers will be duplicated and made available for distribution at the Council Office.

REQUIRED ACTIVITY APPROVAL:

Council Approval: _____ Date: _____

This completed and signed form must be submitted **at least two months** before the date of the event.

All supporting images and documentation should be e-mailed: _____

If you have any questions about completing this form you may contact the council at (209)545-6320.



Greater Yosemite Council
Boy Scouts of America