girl scouts of black diamond

Intent to Operate a Day Camp & Tentative Budget

This form is to be completed by the Day Camp Director with the assistance of the MDC and submitted no later than March 1.

Day Camp Director:_____ □ New □ Experienced
Service Unit:_____ # Years as a Day Camp Director: _____
Address:_____ City, State, Zip:_____
Phone #:_____ Email:_____
Name of Day Camp:_____ Dates of Day Camp:_____
Location of Day Camp:_____
City State Zip Code

Director's Training Record:

Received and Reviewed Day Camp Director Training Packet:: Yes _____No_____Date_____
Date of Outdoor Training (if applicable):_____

☐ *By initialing this box I certify that all Day Camp staff have or are scheduled to receive the appropriate amount of training based on *Safety-Wise* standards. Please list all types of trainings offered to Day Camp staff and the date of the trainings:_____

Tentative Budget

Expected Income

Girls	_____(# of participants)	X	$_____(event fee) =		$_____
Adults	_____(# of participants)	X	$_____(event fee) =		$_____
Program Assistant	_____(# of participants)	X	$_____(event fee) =		$_____
Non-Girl Scouts	_____(# of participants)	X	$_____(event fee) =		$_____

Balance from Previous Year $_____

Other Expected Income (Please list source)_____ $_____

Total Expected Income = $_____

Expected Expenses

Miscellaneous Expenses

Insurance ($_____per person X _____ people X _____days)	$_____
Site Rental for Facility	$_____
Program Consultants/Activity Specialists	$_____
Meals/Snack	$_____
First Aid Supplies	$_____
Postage	$_____
Admission Fees (i.e. swimming, boating, horseback riding, etc.)	$_____
Other	$_____

Program Supplies:

Patches (if providing)	$_____
T-Shirts (if providing)	$_____
Supplies for Activities	$_____

Total Expected Expenses = $_____

Note: Estimated income MUST equal estimated expenses. The budget must balance.

Signature of Day Camp Director:_____ Date:_____
Signature of MDC:_____ Date:_____

Mail to Girl Scouts of Black Diamond Council, P.O. Box 507, Charleston, WV 25322 Phone: (304) 345-7722; Fax: (304) 345-6427.

For Office Use Only:
Approval_____
Date:_____