



Intent to Operate a Camp & Tentative Budget

This form is to be completed by the Camp Director with assistance of the Member Experience Manager and Service Unit Administrator. This must be submitted no later than **Feb. 1**. Please send to Girl Scouts of Black Diamond Council, 321 Virginia St., W., Charleston, WV 25302 or email to customer care@bdgsc.org.

Camp Information:

Camp Director Name(s): _____ New Experienced
 Service Unit(s): _____ # Years as a Camp Director: _____
 Address: _____ City, State, Zip: _____
 Phone #: _____ Cell #: _____ Email: _____
 Name of Camp (Theme): _____ Dates of Camp: _____
 Location of Camp: _____
 City State Zip Code
 Check type of Camp: Day Camp Twilight Camp Partial Week Camp Weekend Camp
 Family Camp (Weekend version) Resident Camp

Director's Training Record:

Reviewed Camp Pathway Manual/Forms Packet: Yes No
 Date(s) of other types of Training (if applicable): _____

Camp Staff Training :

By checking this box, I certify that the Camp staff have or are scheduled to receive the appropriate amount of training including information on general safety standards and *Safety Activity Checkpoints*. Please list all types of trainings proposed to be offered to camp staff and the date of the trainings: _____

Tentative Budget

Expected Income

Girls	_____ (# of participants)	<input checked="" type="checkbox"/>	_____ (event fee) =	\$ _____
Adults	_____ (# of participants)	<input checked="" type="checkbox"/>	_____ (event fee) =	\$ _____
Teen Mentors	_____ (# of participants)	<input checked="" type="checkbox"/>	_____ (event fee) =	\$ _____
Non-Girl Scouts	_____ (# of participants)	<input checked="" type="checkbox"/>	_____ (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	\$ _____	
Admission Fees (i.e. swimming, boating, horseback riding, etc.)	\$ _____	
Camp Registration Promotion/Confirmation Mailing	\$ _____	
Fees GSUSA Membership Fees	\$ _____	
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.

Camp Bank Account Info: Bank Name: _____ Account # _____

Signatures Name of Bank Account: _____

Signatures of Camp Director: _____ Date: _____

Signature of Membership Delivery Manager or Service Unit Administrator: _____

Date: _____

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 . For Office Use Only: .
 . Approval: _____ .
 . Date: _____ .
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