

## **Council Event Plan**

*The goal of this document is to provide the Council Event Review Committee with a detailed outline of how this event will operate.*

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**Event Name:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_

### **Overview:**

*(Provide a brief overview of the event. Example: Venturing is Happening is a Council Event that is coordinated by the Council Venturing Officer Association. This is a one-day, in-person event with no overnight activities. Activities are limited to Swimming at the Lost Pines Pool and Shooting Sports.)*

### **Schedule:**

*(Start time, End Time, Staff Arrives, Participants Arrive)*

### **Check-in Procedures:**

*How will staff and participants check in. It is encouraged to maintain a designated check-in time and discourage walk-ins after that time. What location will be used for check-in? One suggestion is to have a designed check-in location in the parking lot, and everybody in the car has their temperature taken. If anybody in the vehicle has a temperature, the entire vehicle is sent away.*

### **Cleaning Procedures:**

*Will this event charge the additional \$5 per participant for the professional cleaning service? What other cleaning procedures are relevant to your event?*

### **Medic:**

*Will there be a medic onsite? Where is the designated Medical Lodge? Does the Medic have any additional duties or responsibilities in addition to what is outlined in the Guide to Reopening?*

### **COVID Safety Officer:**

*Does the COVID Safety Officer have any additional duties or responsibilities in addition to what is outlined in the Guide to Reopening?*

### **Building Use:**

*What buildings are planned to be used for your event? Who will be allowed inside? What additional steps are being taken to ensure ventilation? What steps will you take to ensure the number of people inside of a building do not exceed the number of people allowed?*

### **Water Stations:**

*What water stations will be available? What procedures are you taking to keep this area clean and sanitized?*

### **Meals:**

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*If you are providing meals, specifically how will they be prepared/served? Be prepared to go into detail with this area.*

### **Bathroom Procedures:**

*What bathroom facilities do you plan to use during this event?*

### **Face Masks:**

*Will face masks be provided by the event?*

### **Will Participants or Staff be allowed to leave and then return after check-in?**

*Yes or No. If yes (family emergency or medical), what steps will you take when they return?*

### **Additional Safety Precautions/Procedures:**

*Add anything that we may not have asked that you have as part of your Event Plan.*

### **Changes to the Plan in the Event of Inclement Weather:**

*What shelter locations have you identified for use during Inclement Weather and would that change anything relating to the information you have listed above?*