# You got questions. Here are the answers.

### Q. How can I buy a Mall Madness T-shirt?

A. Shirts will not be sold . A shirt will be included for each girl and adult. Please submit the t-shirt form included in this packet by the due date.

### Q What will the girls be doing?

**A** There are a variety of activities set up all over the mall. Troops are invited to apply to host an activity booth. Check the packet for more information. Some stores will be open for a few hours during the night. *Store and hours are subject to change with out noti-fication.* 

### Q Will there be a patch?

A Yes. Patches are included for both girls and adults.

### Q Is food included?

**A** Yes, food and snacks are included for both the adults and the girls. The caterer for 2015 has not been finalized. The caterer selected will be peanut oil free and will be provide a gluten free option. Certain food court vendors will be open to purchase other food and snacks.

### Q How do I make changes to my registrations?

**A** To make changes to an existing registration please email Vanessa at <u>vgomez@girlscoutsla.org</u>. Keep in mind, that girl spaces can be changed with other girls NOT adults. Add-ons are only allowed if space is available before the close of registration.

### Q My daughter has a friend that wants to go but she isn't a Girl Scout, can she go?

A Yes, please have her register through eBiz as a non Girl Scout, she will then have to be added to your troop roster .

### Q I want to volunteer that night, but my troop isn't going, can I do that?

A Yes, please contact Monica Paniagua for more information, MPaniagua@girlscoutsla.org.

### Q How many adults can go per group and what will the adults be doing?

**A** Adults do count towards capacity and we'd like to have as many girls as possible attend the event. Safetywise ratio is to be followed. All adults going are asked to work a shift of 2 hours during the event. Adults will sign up for stations online at iVolunteer. Adults attending will receive an email with the link closer to the event.

### Q Do all adults attending need to be background checked?

A Yes, every adult who would like to attend any Girl Scout overnight event must first submit and clear a volunteer and background check. Please make sure to register to the event while waiting for the clearance, spots will not be held and late registration will not be allowed after you've been cleared.

### Q What time do doors open and close?

**A** Attendees can line up before 10:00 pm; however, the doors will open at 10:00 pm. Troops may leave the mall as early as 4am, all troops must be out of the mall by 6:00 am.

### Q Do I have to attend a meeting? How do I get my wristbands and shirts?

**A** There is no meeting to attend. All information will be relayed through email. We will also schedule wristband/tshirt pick ups at the Montclair Service Center. More information about pick up dates will be provided closer to the event date. We would like to avoid wristband/t-shirt distributed the night of the event.

### Q Are men allowed to attend?

**A** Yes...only if they are up for the challenge. There is a separate sleeping area and a designated restroom for men. Just like all other adults, men must be background checked and a registered member to attend.

## Q How can I get there?

A You can drive or get dropped off. There are plans being made to have bus pick up and drop off at the following service centers: Woodland Hills, Santa Clarita, Marina del Rey. The roundtrip bus ride is \$15 a rider. Please email Monica Paniagua at MPaniagua@girlscoutsla.org for the bus form.



# Adult volunteer information:

• All adults attending this event are expected to work one 2 hour shift during the event. This event is safe and successful because of **everyone's** support.

• All adults must be a registered Girl Scouts and have cleared a background check, and have a volunteer application on file.

• At least one adult from each troop must be <u>Indoor Overnight trained</u>. Check out the training schedule on the GSGLA website. (One adult needs to be First Aid/CPR trained)

• Male volunteers are allowed, however, they will have a designated sleeping and restroom area near the first aid station.

• Troops will need to fill out the parent permission form and submit to their SUM for approval.

**Where to park and enter:** Park in the parking structure on the north side of the mall. There will be two lines going along side the mall, one line to the Verizon side, the other line towards Sears. It will not matter which line you are in, just line up as a troop. We will enter through the doors near the Verizon store.

# What to bring: THE MORE YOU BRING, THE MORE YOU HAVE TO CARRY AND HOLD WHILE IN LINE.

**Girls:** Blankets, sleeping bags, pillows, refillable water bottle, slippers (slippers can only be worn at the sleeping area. Closed toed shoes must be worn while walking around the mall. Some stores will be open for shopping, a list of stores open will be sent closer to the event. **Stores and hours are subject to change with out notice.** Girls can bring spending money. Girls are responsible for their own belongings and money. Cameras, cell phones are allowed, but the troop leader has the final say on whether a girl can bring them. PLEASE PUT GIRLS' NAMES ON ALL VALUABLES.

Adults : Foldable chair, reusable coffee cup, reusable water bottle and a good attitude.

**Troop:** please bring a troop sign, no bigger than a poster size paper. Use Masking Tape or Painters Tape. This will mark your sleeping area. <u>NO GLITTER ALLOWED ON THE SIGNS.</u>

## What to wear:

Pajamas are ok, shirts that cover shoulders and the midsection. Hawaiian attire, lei's, and anything that inspires you. No open toe shoes. Just be comfortable. Girl Scout dress code is still enforced. We love to see the adults dress up as well!

## Where am I sleeping?

Sleep? There's none of that going on! You will lay out your sleeping area along the storefronts of closed stores. Please be mindful to not spread out excessively wide. Only go out as long as a sleeping bag length. Please do not set up chairs/blankets in the aisles, your items will be moved out of the way. Post your troop signs above your area.

## Do I need to stay with the troop all night?

Not unless you want to. The doors are locked and monitored by adults. I would suggest having check in times with your troop. Go over with your troop that this is still a Girl Scout event and to please act, speak and treat others accordingly.

# BE ADVISED! This event will be photographed and/or videotaped for use by GSGLA & Montclair Plaza. If you do not want to be photographed or videotaped, this may not be an event for you.



# Feed Your Neighbor— SERVICE PROJECT

Over one million people in Los Angeles County are at risk of going hungry, including many working families—perhaps even your neighbors.

Help Girl Scouts of Greater Los Angeles fight hunger!

*Every* troop is asked to participate in the service project. In the past years we have collected a truck full of food, toys, shoes for those in need.

Here are just a few items needed:

- •Canned tuna
- Canned sardines
- •Canned soups such as stew
- Canned vegetables
- Peanut butter and jelly
- •Fruit juices
- •Beans, rice, pastas
- Dry fruits

Personal care items including:

- Lotion
- Deodorant
- Toothbrush and toothpaste

There will be a designated area to drop off the items before you enter the event.



# What's going on at Mall Madness

A schedule will be emailed out closer to the event as activities are finalized.

If you have specific questions, please email Monica Paniagua at MPaniagua@girlscoutsla.org

# What to turn in before the event

Mall madness cover sheet
 T-shirt size form
 Troop Roster information.
 Copy of your troops signed Permission Form with Service Unit Manager signature. I only require one copy per troop.
 Heath History Forms

Send in all required forms by March 24, 2015. You can send them in earlier just don't miss the deadline.

Paperwork is to only be mailed or dropped off at your local service center. Please do not fax or email papers.

Please mail paperwork to: Montclair Service Center c/o Monica Paniagua 9525 Monte Vista Ave. Montclair, CA 91763 Attn: Mall Madness



# Mall Madness cover sheet:

Include with your paperwork

Leader fills out this part:

Troop number: \_\_\_\_\_

How many girls registered to attend with troop?

How many adults registered to attend with troop? \_\_\_\_\_\_ (all adults must be background checked, registered and have a volunteer application on file)

(1 adult per group must be indoor overnight trained, (FA /CP trained) even if you are attending with only 1 girl scout)

□ Mall madness cover sheet

- □ T-shirt size form
- □ Troop Roster information.
- □ One copy of signed Permission Form with SUM signature.
- □ Heath History Forms
- □ Troop led booth application (if you're going to lead one)

If you are dropping off at a service center other then Montclair:

Ask the receptionist to send packet to Monica Paniagua — Program Department, Montclair Service Center.



# Mall Madness T– Shirts are now included

TROOP #\_\_\_\_\_

Adult contact: \_\_\_\_\_

E-MAIL\_\_\_\_\_\_

# PRESHRUNK COTTON T- Shirts Please include sizes for all girls and adults that would like a shirt

| Youth  | Youth | Adult | Adult  | Adult | Adult | Adult | Other |
|--------|-------|-------|--------|-------|-------|-------|-------|
| Medium | Large | Small | Medium | Large | XL    | XXL   |       |
|        |       |       |        |       |       |       |       |

# Submit this page with troop pack no later then March 24, 2014 Do not send money. Shirts are included.

| Print Name:<br>Date:<br>(Only have them initial items they picked up)<br>T Shirts Wristbands Parking Pass | Date:<br>(Only have them initial items they picked up) |      | Office u                | ise only              |  |  |  |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------|-------------------------|-----------------------|--|--|--|
| (Only have them initial items they picked up)                                                             | (Only have them initial items they picked up)          | Prir | nt Name:                |                       |  |  |  |
|                                                                                                           |                                                        | Dat  | Date:                   |                       |  |  |  |
| T Shirts Wristbands Parking Pass                                                                          | T Shirts Wristbands Parking Pass                       |      |                         |                       |  |  |  |
|                                                                                                           |                                                        | (On  | ly have them initial if | tems they  picked up) |  |  |  |



**Troop Roster Information** 

Troop number \_\_\_\_\_



|    | Girl's Name: |    | Girl's Name: |
|----|--------------|----|--------------|
| 1  |              | 13 |              |
| 2  |              | 14 |              |
| 3  |              | 15 |              |
| 4  |              | 16 |              |
| 5  |              | 17 |              |
| 6  |              | 18 |              |
| 7  |              | 19 |              |
| 8  |              | 20 |              |
| 9  |              | 21 |              |
| 10 |              | 22 |              |
| 11 |              | 23 |              |
| 12 |              | 24 |              |

|   | Adult Names (indicate who is over-<br>night trained with a * ) |     | Volunteer ap<br>ound checked (I | Cell number |  |
|---|----------------------------------------------------------------|-----|---------------------------------|-------------|--|
| 1 |                                                                | □ R | □ V                             | D B         |  |
| 2 |                                                                | □ R | D V                             | D B         |  |
| 3 |                                                                | □ R | □ V                             | D B         |  |
| 4 |                                                                | □ R | □ V                             | D B         |  |

girl scouts greater los angeles

## HEALTH HISTORY &

2014-2015

# AUTOMOBILE INFORMATION

This form must be completed by parent(s) of each registering Girl Scout (please print).

| Girl's Name: First                                                                                                                                    |                                                           | Middle                    |               |                        | Last                    |                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|---------------|------------------------|-------------------------|---------------------------------------------------------------|--|
| Date of Birth                                                                                                                                         |                                                           | Group/Troop #             |               |                        |                         |                                                               |  |
| Mother/Guardian Name                                                                                                                                  |                                                           |                           |               | Signature              |                         |                                                               |  |
| Address                                                                                                                                               |                                                           | Cî                        | tγ            |                        | State                   | Zip Code                                                      |  |
| ( )                                                                                                                                                   |                                                           |                           |               |                        |                         |                                                               |  |
| Telephone                                                                                                                                             |                                                           |                           | a             | ll Phone               |                         |                                                               |  |
| Father/Guardian Name                                                                                                                                  |                                                           |                           |               | Signature              |                         |                                                               |  |
| Address                                                                                                                                               |                                                           | Cî                        | ty ,          |                        | State                   | Zip Code                                                      |  |
|                                                                                                                                                       |                                                           |                           |               | II Phone               |                         |                                                               |  |
| Telephone                                                                                                                                             |                                                           |                           | - u           | al Phone               |                         |                                                               |  |
| Non-Parent Emergency Co                                                                                                                               | ontact Name                                               |                           |               |                        |                         |                                                               |  |
| ()                                                                                                                                                    |                                                           | _                         |               |                        |                         |                                                               |  |
| Telephone                                                                                                                                             |                                                           |                           | Ce            | Il Phone               |                         |                                                               |  |
|                                                                                                                                                       |                                                           | Girl Health               | h History I   | nformation             |                         |                                                               |  |
| Medical Insurance Carrier                                                                                                                             |                                                           |                           |               | Policy #               |                         |                                                               |  |
| Is your daughter's imm                                                                                                                                | unization record up-to-d                                  | ate? 🗆 Yes 🗆 No           | Date of       | Flast tetanus shot:    |                         |                                                               |  |
| Check all that apply:  Deck Motion Sickness Nosebleeds Sleep Disturbances Fainting Bed Wetting                                                        |                                                           |                           |               |                        |                         |                                                               |  |
|                                                                                                                                                       | Contact Lenses                                            | ADD/ADHD                  | Emot          | ional Disturbances     | Other                   |                                                               |  |
| Please list any allergies                                                                                                                             | (penicillin, food, etc.):                                 |                           |               |                        |                         |                                                               |  |
| Please list any addition<br>problems, medications                                                                                                     | al medical/physical/emo<br>;, etc.):                      | tional condition of which | the leader    | should be aware (i.e   | e. chronic condition, o | lisabilities, behavioral                                      |  |
| NOTE                                                                                                                                                  | : All medication must be                                  | in original container, w  | ith girl's na | me, dosage and free    | quency clearly printed  | d on the label.                                               |  |
|                                                                                                                                                       |                                                           | Autom                     | obile Info    | mation                 |                         |                                                               |  |
| Any person being trans                                                                                                                                | ported in a private vehicl                                | e shall have their own s  | afety belt p  | roperly fastened aro   | und them. All vehicle   | s shall be covered by no less                                 |  |
|                                                                                                                                                       |                                                           | surance as required by t  | he State of   | California. The drive  | r must be an adult wi   | th a driver's license valid for                               |  |
| the type of vehicle beir                                                                                                                              | -                                                         |                           |               |                        |                         |                                                               |  |
|                                                                                                                                                       | intain current automobil                                  | -                         |               | -                      |                         |                                                               |  |
|                                                                                                                                                       | permission for our Girl Sc<br>t least minimum liability i |                           |               |                        |                         | river, in an emergency, in a                                  |  |
|                                                                                                                                                       |                                                           |                           |               | d Procedures           |                         |                                                               |  |
| The undersigned of                                                                                                                                    | do hereby authorize the o                                 |                           |               |                        | ngeles, to consent to   | any x-ray examination,                                        |  |
| anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice |                                                           |                           |               |                        |                         |                                                               |  |
|                                                                                                                                                       | surgeon licensed under th                                 |                           |               | -                      |                         |                                                               |  |
|                                                                                                                                                       |                                                           |                           |               |                        |                         | e Dental Practice Act. It is<br>eles to obtain and administer |  |
| such medical aid o                                                                                                                                    | or assistance as might, in                                | their judgment, be requi  | ired for the  | immediate care of y    | our daughter. In the    | event of such help, Girl Scouts                               |  |
|                                                                                                                                                       |                                                           | -                         |               | •                      |                         | rendered drugs, medicine or                                   |  |
|                                                                                                                                                       | es performed pursuant to                                  |                           |               |                        |                         |                                                               |  |
| If you do not cons                                                                                                                                    | sent to the care or treatm                                | nent set forth herein, de | escribe in de | etail what is or is no | t allowed/permitted     | and sign below:                                               |  |
|                                                                                                                                                       |                                                           |                           |               |                        |                         |                                                               |  |

Signature of Parent/Guardian

Date

# **Troop-led Activity Booths**

Dear Troops-

By participating and having a booth we will register 2 girls and 2 adults to the event for FREE! Earn leadership hours, and have fun by creating and implementing a booth for your Girl Scout Sister's to enjoy.

There are limited booths available. Juniors and Older Girls can both apply. Please apply early.

Step 1: Get together with your troop and talk about this.

Step 2: Fill out and return the application by mail/fax/email, no later than **March 31, 2015**. Step 3: Troops will be notified by April 8, 2015 if their booth is chosen.

The booth can be related to this year's theme, *Hawaiian Luau or* it can be related to badge requirements. You can do crafts, games, help with a service project, and so much more! The key is FUN! Please note that you cannot charge a fee for your activity or craft.

What troop is to provide: Girl staff to lead the activity Adults to supervise your booth (think Safetywise) Activity for approximately 1000-1200 girls A list of all supplies needed (turn it into Monica) Signage

What the event will provide: Tables/chairs Extra adults (if requested) Supplies up to \$300



The activities at the booth should be interactive and take about 5 to 10 minutes for the girls to complete. **Troop booths will have to be active and staffed from 11pm—4am.** 

Thank you so much for your interest in having a troop-booth at this event.

If you have any questions please don't hesitate to email or call me.

# Turn in Application by <u>March 31, 2015</u> Mail: Mall Madness, 9525 Monte Vista Ave., Montclair, CA 91763 Email: Monica Paniagua at MPaniagua@girlscoutsla.org Fax: (626)677-2236

| Troop #:                |                          |               |             |                     |               |
|-------------------------|--------------------------|---------------|-------------|---------------------|---------------|
| Program Level (C        | Circle One):             |               |             |                     |               |
|                         | Junior                   | Cadette       | Senior      | Ambassador          |               |
| Loodor Nomo             |                          |               |             |                     |               |
| Leader Name:            |                          |               |             |                     | _             |
| Address:                |                          |               | c           | Sity:               | _             |
| Zip Code:               | Daytime: (               | )             | Evening     | I: <u>()</u>        | _             |
| Email Address: _        |                          |               |             |                     | _             |
| Number of girls pa      | articipating             | _+            | Number of a | dults participating |               |
| (use Safety-Wise ratio) |                          |               | =           | • Total             |               |
| Have you register       | ed on eBiz already       | <u>(?</u> Yes | No          |                     |               |
| Name of Booth(s         | ):                       |               |             |                     | _             |
| Booth Category          | (circle the one that bes | t fits)       |             |                     |               |
| Games                   | Badge Require            | ments         | Crafts      | Snacks              | Team building |
| List which badge        | e and journey:           |               |             |                     |               |
| Estimated time to       | o complete activi        | ty:           |             |                     |               |

# Troop Booth Questionnaire

### Please answer all questions thoroughly. Feel free to use additional sheets if needed.

1. Timeline: What is your preparation schedule? For example: When will you have your signs painted, girls scheduled, who will be in charge of what, and what are your deadlines?

- 2. Please describe your activity.
- 3. How many girls need to be at the booth activity at a time? How many adults? How will you arrange breaks? (Please remember booth needs to be staffed and active from 11pm—4am)

4. Will this activity cost money to do? Does your troop have the funds to cover the difference if you go over \$300?

- 5. What materials are needed tables, crayons, etc.?
- 6. Will this be a take home activity/craft or one that they do at the booth and it stays there?

7. Draw a diagram of the booth area/set-up. Show where girls will approach the booth and where members of your troop will be standing, etc. (For your booth you will be given a 10' x 10' space) How many tables/chairs will you need?

If you have any questions or concerns please email Monica at MPaniagua@girlscoutsla.org

Troop Booth Activity Worksheet

Use this sheet to list any supplies you need to purchase. If you can, use Oriental Trading for supplies, we get a great discount! But feel free to list other stores.

Do not purchase any items until your activity is approved. I will purchase supplies for

| Supplies | Store/website | Name & item # | Cost per unit | How many girls<br>will 1 package<br>serve? |
|----------|---------------|---------------|---------------|--------------------------------------------|
|          |               |               |               |                                            |
|          |               |               |               |                                            |
|          |               |               |               |                                            |
|          |               |               |               |                                            |
|          |               |               |               |                                            |
|          |               |               |               |                                            |
|          |               |               |               |                                            |

Total estimated cost for booth activity: