

Calendar Guidelines for Site Events

This information is needed to create calendar items. The administration site is: <https://lastfrontier.tentaroo.com/>

Items can be added to the council calendar using the Websites tab and the Site Events tab.

District events should begin with a two-letter district abbreviation.

BP Baden-Powell

CT Chisholm Trail

NH New Horizons

LFC Last Frontier Council

BT Big Tepee

EA Eagle

SO Sooner

 Training Camping

BB Black Beaver

KB Kickingbird

WP Western Plains

 Activities General

CV Canadian Valley

MP Manuel Perez

WR Will Rogers

 Fundraising OA

Site events on the calendar should include the title of the program, such as *Cub Scout Day Camp* or *Boy Scout Camporee*.

District: _____ Program title (Page name): _____

When: Beginning date: _____ Beginning time: _____ End time: _____ End date: _____

All day (For recurring events, describe recurrence: _____)

Where: Program location: _____

Address (if other than council property): _____

Content: Include the following relevant information:

Who should attend:

Description of the program:

Top Gallery & Bottom Gallery: Include photos or a logo for the event.

Contacts: Activity Chairman/Course Director/Camp Director: _____

E-mail: _____ Mobile phone: _____ Publish? Yes No

Home phone: _____ Publish? Yes No Work phone: _____ Publish? Yes No

Staff Advisor: _____

Connections: Facebook page: _____ Other social media: _____

Search engine keywords: _____

Resources: Please include promotional flyer, forms, brochure, and/or Leader Guide. Category: _____

Form code: If using a simple Tentaroo form for registration, insert the form code here.

Google Maps Code: Include iframe embed code to share a Google map. Make the map width ="100%" height="300"

PROGRAM REGISTRATION PLAN: TENTAROO FORM

Program title: _____ District: _____

Registration begin date: _____

Registration end date: _____

Program date(s): _____

Select fields of data to collect:

Group Leader -OR- Individual Registration

Name Phone Number E-mail address

Address City State ZIP Alternate Phone

Require? Require? Require? Require? Require?

Enter alternate group contact with same fields

Enter number of participants of each type

Fee Amount Registrant Type

\$ _____ _____

\$ _____ _____

\$ _____ _____

\$ _____ _____

\$ _____ _____

Require online payment? Yes No

Select class, session, or program options:

Option 1: _____ Option 4: _____

Option 2: _____ Option 5: _____

Option 3: _____ Option 6: _____

Send registration data as a spreadsheet to: Name: _____

E-mail address: _____

Frequency & dates: _____

If additional data is required for program registration, please attach a form.

Please attach promotional flyer, brochure, and/or Leader Guide.