



# Troop/Group Camp/Travel/Event/Activity Evaluation

**Girl Scouts of the Appalachian Council, Inc.**

1100 Woodland Avenue / P.O. Box 3100 CRS

Johnson City, TN 37602-3100

(423) 929-8185 . 1-800-428-3991 . Fax (423) 929-8117

email – [info@girlscoutsappalachian.org](mailto:info@girlscoutsappalachian.org)

EVENT TITLE: \_\_\_\_\_

EVENT TYPE:	EVENT PURPOSE:	ATTENDANCE:
<input type="checkbox"/> Troop/Group	<input type="checkbox"/> Program	# of Troops/Groups _____
<input type="checkbox"/> Service Unit	<input type="checkbox"/> Recruitment	# of Girls _____
<input type="checkbox"/> Council	<input type="checkbox"/> Training	# of Adults _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Service Unit #: _____	Today's date: _____	EVENT LOCATION: _____
Troop/Group#: _____	Event date: _____	_____
Age level: _____	Event length: <input type="checkbox"/> Overnight	(indicate site or camp)
Troop/Group leader: _____	<input type="checkbox"/> Day or part of a day	_____
_____	City/Town: _____	(indicate city/town)

**INDICATE THE NUMBER OF PARTICIPANTS SERVED:**

Registered as:	American Indian or Alaskan Native	Asian	Black or African American	Hawaiian or Pacific Islander	White	Hispanic	Other	Total
Daisy								
Brownie								
Junior								
Cadette								
Senior								
Studio 2B								
Adult								
Juliette								
Individually Registered Adult								
Non-Members								
TOTAL								

SAFETY WISE:	Yes	No	RESOURCE PEOPLE:	Yes	No
Was there any illness or accidents?	<input type="checkbox"/>	<input type="checkbox"/>	Were the resource people knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>

EVENT COORDINATORS:	Yes	No
Was Girl Planning involved?	<input type="checkbox"/>	<input type="checkbox"/>
Was the event organized well?	<input type="checkbox"/>	<input type="checkbox"/>
Was the program delivery suitable?	<input type="checkbox"/>	<input type="checkbox"/>

How is the troop/group preparing to share this experience with others? \_\_\_\_\_

Mail to: Girl Scouts of the Appalachian Council, Inc., P.O. Box 3100 CRS, Johnson City, TN 37602

Please complete the reverse side.



FINANCIAL REPORT:		Funds Used:	
Expenses:		Troop Funds:	
Lodging	_____	Dues	_____
Transportation	_____	Product Sales	_____
Food	_____	Money Earning	_____
Insurance	_____	Projects	_____
Equipment	_____		_____
Admission Fees	_____	Personal Cost per Girl	_____
Badges/Patches	_____	Other (specify):	_____
Spending Money	_____		_____
Other (Specify)	_____		_____
	_____		_____
TOTAL:	_____	TOTAL:	\$_____

**HIGHLIGHTS:**

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**EVALUATION AND RECOMMENDATIONS:**

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Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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Follow-Up: \_\_\_\_\_

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