

## EVENT EVALUATION FORM

Service Unit / Department \_\_\_\_\_

Event Coordinator \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Co-Coordinator \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Event Name \_\_\_\_\_ Event Date(s) \_\_\_\_\_

# of participants attended \_\_\_\_\_ # of leaders attended \_\_\_\_\_ # of event staff attended \_\_\_\_\_

# of participants not registered with Girl Scouts (i.e. siblings, parents, community members) attended \_\_\_\_\_

Total Income \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

Would you use the site again?  Yes  No Comments: \_\_\_\_\_

Did the program deviate from the original plan submitted on the Event Intent Form?  Yes  No

If yes, please explain how: \_\_\_\_\_

Were there any injuries to report?  Yes  No

If yes, please explain what: \_\_\_\_\_

What part of the event did the participants enjoy most? \_\_\_\_\_

What did the participants want improved or changed? \_\_\_\_\_

Other Comments: \_\_\_\_\_

Evaluation submitted by: \_\_\_\_\_ Position: \_\_\_\_\_

(PLEASE PRINT)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Event Evaluation Form is due in the council office  
**NO LATER THAN 2 WEEKS AFTER** the event.