

Service Unit / Department _____

Event Coordinator/Director _____ 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 and committee members want improved or changed

Other Comments

Evaluation submitted by (please print name): _____

Position: _____

Date: _____

Event Evaluation Form is due to your volunteer management specialist
NO LATER THAN ONE MONTH after the event.