

Girl Scouts of Peninsula Waters, Inc.

9/03/db

EVENT FORM



Please fill out BOTH sides of this form and give one copy to area treasurer (with receipts) and one copy to your Field Executive or Service Center within two weeks after event.

BASIC INFORMATION

NAME OF EVENT: _____ DATE HELD: _____

TYPE OF EVENT (check) Council _____ Service Area _____ Inter-troop _____

Area in which event occurred: _____

Person in charge of event: _____ Phone: _____

If girls from more than one county/Service Area were involved in this event, please list the counties/Service Areas and number of girls/adults participating from each below:

Outcomes – What did the girls learn/gain from this event?

FINANCIAL REPORT

Cash Received	Source	Cash Paid Out	Distribution
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____ TOTAL		\$ _____ TOTAL	
Cash Remaining (Cash received total minus cash paid out total):			\$ _____

In-kind Donations received and from whom:

PARTICIPATION

	WHITE	BLACK	AM. INDIAN	ASIAN	OTHER	ALSO HISPANIC	TOTAL*
GIRLS							
ADULTS							
NON-G.S.							
TOTALS:							

* NOTE: Do not count persons who are also Hispanic twice in total.

EVENT DESCRIPTION

Facilities (whom to contact, cost):

Supplies needed (itemize, cost):

Food (itemize, cost):

Crafts (itemize, cost):

Program supplies (itemize, cost):

Copies (itemize, cost):

Insurance (itemize, cost):

Cost per girl: Cash _____ Coupons _____
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Describe the event – Agenda

- Pre
- During
- Post

What could have been done to make it better?

What would you do again?