

Service Unit Program Event Report

Event Information

Name of Event: _____
 Program Level(s): ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador
 Start Date/Time: _____ End Date/Time: _____
 Location: _____

Event Coordinator

Name: _____ Phone: _____ Email: _____
 Address: _____ City & State: _____ Zip: _____

Event Information

Actual # of Registered Girls: _____ # of non-Girl Scouts: _____ # of Girl Registrations acquired: _____
 Actual # of Registered Adults: _____ # of non-Girl Scouts: _____ # of Adult Registrations acquired: _____
 What worked well for this event? _____

What would you change for future events? _____

ACTUAL INCOME		ACTUAL EXPENSES	
Program Fees (check, cash, credit card)		Food	
Patches, T shirts, etc.		Transportation	
Council Program Vouchers		Lodging	
Other (Please Specify)		Admission/Entrance Fees	
TOTAL INCOME		Program Fees/Site Fees	
		Staffing (Consultants, Lifeguards, etc.)	
		Equipment Purchase/Rental	
		Insurance	
		Program Supplies (Please Specify)	
		Patches	
		Postage, if applicable	
		Flyers	
		Recognitions/Gifts	
		Other (Please Specify)	
		TOTAL EXPENSES	
		ACTUAL SURPLUS/SHORTFALL	

COUNCIL USE ONLY

DATE RECEIVED: _____ COUNCIL SIGNATURE: _____