

# Service Unit Program Event Report

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

## Event Coordinator

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Event Information

Actual # of Registered Girls: \_\_\_\_\_ # of non-Girl Scouts: \_\_\_\_\_

Actual # of Registered Adults: \_\_\_\_\_ # of non-Girl Scouts: \_\_\_\_\_

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	
<b>TOTAL INCOME</b>		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)	
		<b>TOTAL EXPENSES</b>	
		<b>ACTUAL SURPLUS/SHORTFALL</b>	

COUNCIL USE ONLY

DATE RECEIVED: \_\_\_\_\_ COUNCIL SIGNATURE: \_\_\_\_\_