



Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

ACTIVITY and EXTENDED TRIP EVALUATION

For trips more than 75 miles, overnight activities including camping and extended travel, and high-risk activities. Due to the program center **one week** after the trip.

Activity Coordinator _____ Troop # _____

Address/City/Zip _____

Day Phone(_____) _____ Evening Phone(_____) _____ Email _____

Destination(s) _____ Date(s) _____

Facility Name(s) _____

Facility Manager _____ Phone (____) _____

Type of overnight housing _____

Would you recommend this facility to others? ____Yes ____No Explain.

What suggestions do you have, i.e., equipment, facilities, etc.?

What was unique about this facility?

What activities did you do?

Was your Girl Scout training adequate? Explain.

(OVER)

Actual number of participants by ethnic origin. This information provides the organization with the statistical data it needs to determine the population group it serves.

	NATIVE AMERICAN/ ALASKAN NATIVE	ASIAN AMERICAN/ PACIFIC ISLANDER	BLACK/ AFRICAN AMERICAN	WHITE/ EUROPEAN AMERICAN	MULTI- RACIAL (of two or more distinct races)	OTHER	NUMBER OF PARTICIPANTS ALSO OF SPANISH/HISP- ANIC ORIGIN
Adult Girl Scouts							
Daisy Girl Scouts							
Brownie Girl Scouts							
Junior Girl Scouts							
Cadette Girl Scouts							
Senior Girl Scouts							
STUDIO 2B							
Non-Registered Girls							
Non-Registered Adults							
Boys							
TOTALS							

Number of participants with disabilities _____

OFFICE USE ONLY	
Date rec'd _____	Reviewed by _____
Follow-up _____	
Follow-up completed _____	