

# Outing / Event Activity Summary Form

Name of Outing / Event: \_\_\_\_\_

Age Level: Daisy / Brownie / Junior / Cadette / Senior

Cost: \_\_\_\_\_ (total or per girl)

Length of Program: \_\_\_\_\_ (hrs / days / overnight)

Location of Program: \_\_\_\_\_

Contact Name (if known) : \_\_\_\_\_ Phone: \_\_\_\_\_

Program Category: S.U. / Council / GS Affiliated / Non GS Related / Theme Park

Program Activities Met the Requirements for: \_\_\_\_\_ Petals / Try-its /  
Badges / IPP's / Patch / General

Was the Program Age Appropriate for the Troop that Participated? \_\_\_ Yes \_\_\_ No

Would you recommend this Program to others? \_\_\_ Yes \_\_\_ No

Brief Description of Program:

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Over all Evaluation of Program:

Troop Enjoyment:                      poor              fair              good              excellent

Cost Factor (relative to event):      poor              fair              good              excellent

Organization of Event:                poor              fair              good              excellent

What level of individual girl effort/involvement did this event offer?

Sit/Watch/Listen      Some Active Involvement      Girls did all the Work

What level of Leader Involvement was required for this activity?

very little      partial              average              full

Outing Preparation Time:              less than 1 hour      1-3 hours      3+ hours

Additional Comments:

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Leader Name: \_\_\_\_\_ Date: \_\_\_\_\_