



Girl Scouts®

# EVENT REPORT

Western Oklahoma, Inc. · 121 N.E. 50<sup>th</sup> Street · Oklahoma City, OK 73105  
(405) 528-3535 · 1-800-698-0022 · FAX: (405) 528-4475

All events must be pre-approved by the Program Department using the Event/Day Camp Approval .

## EVENT INFORMATION

Event \_\_\_\_\_ Date \_\_\_\_\_

Coordinator \_\_\_\_\_ E-mail \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Service Unit /Group Event       Day Camp       Council Wide Event

Event Staff \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Aides \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments and Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach copies of: sample evaluation, publicity (articles, fliers, etc.), and summary of evaluations**

NUMBER OF PARTICIPANTS--The racial/ethnic information is valuable to both the council and GSUSA in monitoring whether we are serving girls and adults in all racial/ethnic groups. The racial/ethnic information is based on visual assessment only.

	Native American	Asian Pacific Islander	Hispanic	African American	Caucasian	Other	TOTAL
Daisy							
Brownie							
Junior							
Cadette							
Senior							
Adult							
Other							
TOTAL							

COMPLETE THE FINANCIAL REPORT ON THE OTHER SIDE

**INCOME**

# of participants \_\_\_\_\_ X \$ \_\_\_\_\_ (event fee) = \$ \_\_\_\_\_

Contributions = \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

List of Donations and Donors (refer to *Safety-Wise* in Money-Earning/Troop Finances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPENSES**

SUPPLIES

Program supplies \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Patches \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

SERVICE

Transportation \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Site Fees \$ \_\_\_\_\_

ADMINISTRATIVE

Telephone \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Copies \$ \_\_\_\_\_

Refunds \$ \_\_\_\_\_

PERSONNEL

Recognitions \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**FINANCIAL SUMMARY**

TOTAL INCOME \$ \_\_\_\_\_

TOTAL EXPENSE \$ \_\_\_\_\_

BALANCE \$ \_\_\_\_\_

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Department \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Data entered Date \_\_\_\_\_ Initials \_\_\_\_\_