

GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

Event Evaluation Summary

Event Name _____ **Date** _____

Event Organizer Name _____ Phone _____

Address _____ City _____ Zip _____

Other adults involved in event planning:

Name Phone Position

Other key contacts/resources for event:

Name Phone Contribution

Total number of troops participating _____

Total number of girls participating _____

Total number of evaluations received _____

Attach a copy of the evaluation form that participants/leaders (circle one) filled out.

- For each yes/no question: On the attached copy of your evaluation form, indicate the total number of yes responses and total number of no responses, for all evaluations received.
- For open-ended questions, summarize representative comments that were:

Positive:

Negative:

General Comments and Suggestions:

Ideas for future: