

Girl Scouts of San Francisco Bay Area
EVENT PARTICIPATION SURVEY



ATTN: Director of Community Services

Association: _____

Service Unit: _____

Event Name: _____

Event Date: _____

Coordinator – Summarize the number of event participants in each category. This information is used in reports to the Board of Directors and GSUSA. Please be as accurate as possible. Fax, email or mail this form to the Director of Community Services within three (3) days after the event.

Event Coordinator: _____ Day/Evening Phone: _____

Event Location: _____

Brief description of event: _____

Program Initiative/Project being addressed:

Healthy Girls, Healthy Lives (HGHL) Studio 2B Girls Go Tech (GGT) Bold Audacious Project (BAP)

TOTAL GIRLS	TOTAL ADULT GS	TOTAL NON-MEMBERS (non-registered parents, siblings, or visitors)
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NUMBER OF PARTICIPANTS BY ETHNIC GROUP/MEMBERSHIP STATUS

Registered as	AMERICAN INDIAN or ALASKAN NATIVE	ASIAN	BLACK or AFRICAN AMERICAN	HAWAIIAN or PACIFIC ISLANDER	WHITE	OTHER (Specify) _____	HISPANIC or LATINA	NOT HISPANIC or LATINA	TOTALS
pre k-grade 1 (Daisy)									
grade 1-3 (Brownie)									
grade 3-6 (Junior)									
grade 6-12									
TOTAL GIRLS									
TOTAL ADULT GIRL SCOUTS									
NON-MEMBERS									

ENTER TOTAL NUMBER WITH EACH DISABILITY

Visual	Hearing	Physical	Learning	Mental	Other

Fax #: 510-633-7925 or Mail: Girl Scouts of San Francisco Bay Area, P.O. Box 2249, Oakland, CA 94621-0149

