

**Girl Scouts - Lone Star Council  
EVENT PARTICIPATION SURVEY**



Service Unit \_\_\_\_\_

Event Name \_\_\_\_\_

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

Attention MDE: \_\_\_\_\_

**Coordinator - Summarize the number of event participants in each category. This information is used in reports to United Way and GSUSA. Please be as accurate as possible. Fax or mail this form to your MDE within three (3) days after the event.**

Event Coordinator \_\_\_\_\_ Day phone \_\_\_\_\_

Event location \_\_\_\_\_

Brief description of event:

<b>TOTAL GIRLS</b> _____	<b>TOTAL ADULT GS</b> _____	<b>TOTAL NON-MEMBERS</b> _____ <small>(not-registered parents, siblings, or visitors)</small>
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**NUMBER OF PARTICIPANTS BY ETHNIC GROUP/MEMBERSHIP STATUS**

Registered as	White (not of Hispanic origin)	Black (not of Hispanic origin)	Hispanic	Asian or Pacific Islander	Am.Indian or Alaskan Native	Other	Totals
Daisy							
Brownie							
Junior							
Cadette							
Senior							
<b>TOTAL GIRLS</b>							
<b>TOTAL ADULT GIRL SCOUTS</b>							
<b>NON-MEMBERS</b>							

**ENTER TOTAL NUMBER WITH EACH DISABILITY**

Visual	Hearing	Physical	Learning	Mental	Other