



Girl Scouts, Hornets' Nest Council
 7007 Idlewild Road • Charlotte, NC 28212
 704-731-6500, Outside Mecklenburg 800-868-0528
 Website: www.hngirlscouts.org



SERVICE UNIT EVENT REPORT

Report due to your Membership Specialist 2 weeks after the Service Unit Event.

Service Unit: _____ Date: _____
 Name of Event: _____ Event Coordinator: _____
 Event Date: _____ Time: _____ Location: _____
 Actual cost per participant: \$ _____ Total # of Participants: _____

	Registered	Actual Attending
Number of Troops	_____	_____
Number of Girls	_____	_____
Number of Adults	_____	_____
Number of Tagalongs	_____	_____

Attendance by Grade Levels:

D: ____ Br: ____ Jr: ____ C: ____ Sr: ____ Amb: ____ Non-Girl Scouts: ____ Adults: ____

Income:

Girl/Troop fees \$ _____
 Financial assistance \$ _____
 Donations (please list) \$ _____
 _____ \$ _____
 Other (please list) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
Total Income: \$ _____

Expenses:

Site fee \$ _____
 Activity fee \$ _____
 All Program Supplies \$ _____
 Transportation \$ _____
 Food and Beverage \$ _____
 First Aid Supplies \$ _____
 Housekeeping \$ _____
 Additional Insurance \$ _____
 Printing \$ _____
 Postage \$ _____
 Miscellaneous \$ _____
Total Expenses: \$ _____

Total Income \$ _____
Total Expenses \$ _____
Net Income or Loss \$ _____

Please complete information on the back!

GIRL SCOUTS, HORNETS' NEST COUNCIL
SERVICE UNIT EVENT EVALUATION

Briefly evaluate the successes of the event:

What changes would you make?

Where is the information kept on this event?

Submitted by: _____ Date: _____