ADVENTURE GUIDES PROGRAM EVENT REPORT FORM

Event:_____Planned By:_____

Date (s):_____Starting Time:_____ Ending Time:_____

SITE: _____RATING OF THIS SITE: EXCELLENT GOOD FAIR POOR

PERSON/PLACE TO CONTACT TO RESERVE THIS SITE:_____PHONE:_____

COMMENTS REGARDING USE OF THIS SITE:_____

_____

PARTICIPATION: Circles present: _____ Individuals registered:_____

CAMPOUT SUPPLIES Total Expense: $_____

Major Expense Items (specify quantity purchased)	Amount Spent	Place of Purchase

SUPPLIES LEFTOVER AFTER EVENT WHICH CAN BE USED NEXT YEAR: _____

_____

SCHEDULE OF ACTIVITIES: Rate each of your Organized Activities on the following scale

#1 - Great Activity; highly recommend it
#2 – Good Activity; should consider it
#3 - Fair Activity; If you can't think of anything else. . . .
#4 - Poor Activity; don't event try it

Schedule Time	Activity	Rating	Comments