Girl Scouts®

Girl Scouts of Eastern South Carolina
Event Evaluation

Name: _____

Troop: _____

Grade Level: J C S A Age:_____

Name of Event: _____

Circle Yes or No:

Did you have fun at the event?	Yes	No
Did you like the people who worked with you here?	Yes	No
Do you want to come back for another event here?	Yes	No

What did you like best about the event today? _____

_____

_____

Did you learn anything or gain something from participating? _____

_____

_____

What could we do better next time to make this event more enjoyable? _____

_____

_____

What other types of events would you like to attend here? _____

_____

_____

Any other comments: _____

_____

Please return to GSESC, 7951 Dorchester Road, North Charleston, SC 29418
Fax: 843-552-6221