

RESIDENT TROOP CAMP TROOP REPORT

Complete this report and turn it in to the camp director before departure.

NAME OF CAMP:		
Troop #:	Service Unit:	Association:
Session Dates:	Unit Used:	

Please record the number of people attending in each of the following categories:

	WHITE	BLACK	HISPANIC	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN/ ALASKAN NATIVE
DAISY					
BROWNIE					
JUNIOR					
CADETTE					
SENIOR					
NON-GIRL SCOUT YOUTH					
GIRL SCOUT ADULT					
NON-GIRL SCOUT ADULT					
TOTAL					

Please help us evaluate this program and plan for next year by answering the following questions. **Use a scale of 1 to 5**, with 1 being, "This was the very best experience we have ever had," and 5 being "We will never, ever do this again. It was awful." If you mark a 4 or a 5, please be specific and include suggestions for improvement. Be sure to include comments from the girls. Feel free to use additional paper.

	(best)				(worst)
	1	2	3	4	5
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Confirmation information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
On-site check-in process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

	(best)				(worst)
	1	2	3	4	5
Condition of camp site on arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Condition of any council equipment your troop used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Friday night activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Scheduling of Saturday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Sunday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Assistance from RTC staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Suggestions for activity sessions for next year's RTC:					