



Service Unit Event Report

To be completed and submitted to the Service Unit Manager seven to ten days following a Service Unit event.

Name of event: _____ Service Unit: _____

Date(s) held: _____

Type of event: _____

Location of event: _____

Address: _____

Name of Event Director: _____

Address: _____

Phone: _____ Email: _____

Attendance Information

Number of members in each Racial/Ethnic Group*

	Girls	Adults
Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.		
White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.		
Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa		
Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for ex.: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.		
Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.		
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.		
Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.		

*As categorized by the EEOC, the five major racial/ethnic categories are indicated.

Please see reverse side for further questions

Program Summary

Brief description of event: _____

Summary of event evaluation: _____

How were girls involved in the planning of this event? _____

How was this event publicized in the community? _____

What community and/or other agency resources were used in carrying out this event? _____

Financial Summary

Total income \$ _____

Total expenses \$ _____

\$ _____ Money left over or deficit

How is the leftover money to be spent? _____

Person making report: _____

Address: _____

Position: _____ Phone: _____

Email: _____

