

## Event Evaluation Summary

Event Name ADOPT A CHILD Date 12/14/14  
Event Organizer Name BARB MCKENZIE Phone 9258464873  
KAREN RODRIGUEZ  
Address 5754 CORTE URB City PLEASANTON Zip 94566

### Other adults involved in event planning:

Name	Phone	Position
MARGO TUCKER		TROOP 30010 COOKIE STATION
LIZ CROCKER		- REFRESHMENTS
SHERRI CUNO		- PASSPORTS
BETH BORTHERS	30908	- GROCERIES
CLAIRE WILLIAMS		- BLANKETS
HEIDI MORE	31324	PICTURE FRAMES

### Other key contacts/resources for event:

Name	Phone	Contribution
VETERANS - PLEASANTON		- HALL & ENTERTAINMENT

Total number of troops participating 8

Total number of girls participating 75

Total number of evaluations received 0 → WAS NOT HANDED  
OUT

### Attach a copy of the evaluation form that participants/leaders (circle one) filled out.

- For each yes/no question: On the attached copy of your evaluation form, indicate the total number of yes responses and total number of no responses, for all evaluations received.
- Summarize the results for the GSLE. On the attached copy of your evaluation form, indicate the total number of responses for 15 possible outcomes. Which were you aiming to achieve with your event (usually 1 - 2 for events that are a couple of hours in length, 2 - 4 on overnight events)?

- For open-ended questions, summarize representative comments that were:

Positive:

Negative:

General Comments and Suggestions:

Ideas for future: