GIRL SCOUTS OF NORTHERN CALIFORNIA
CROSSROADS SERVICE UNIT

Older Girl Skating Party

All Crossroads Older Girl Scouts are Invited to Attend!

Date: Friday April 21, 2017
Time: Skate Time 5:00pm-6:30pm;Pizza 6:30pm-7:00pm Check-in 4:40pm
Place: Dublin Iceland 7212 San Ramon Road Dublin, CA
Cost: $15.00 per girl and $10 per skating adult
Please include the names of the girls and adults that will be attending with updates the day of the event. Also hard copies permission slips/Health forms are required at the event.
Includes: Private Ice Skating session, Skate Rentals, fun patch, snacks, and Pizza

This event is limited to 100 skaters

Please register by: Wednesday March 29, 2017

Questions? Please contact Deborah Trivedi, 925-600-8807 or ddtrivedi@comcast.net

----------separate here----------

Registration for the Older Girl Skating Party
Friday, April 21, 2017

Troop#_____ Contact person_____ Phone:_____

Contact person
email:_____

Level/Grade (circle all applicable) 6th , 7th , 8th, 9th, 10th, 11th,12th

_____# of girls X $15.00= $_____ enclosed

_____# of adults attending(no charge to watch) (girls to Adult ratio)

_____# of adults skating $10.00 per adult $_____enclosed(**if space allows**)

Please make check payable to **Crossroads Service Unit (one check per troop)**
Return registration form and check by **Wednesday March 29. 2017** to

Deborah Trivedi, 3403 Park Place Pleasanton, CA 94588
We will confirm receipt of your registration by email.
Register early! Space is limited and will fill up fast!

Summary of Older Girl Skating Party

The event went off without any problems. All the girls plus the adults who came to the event had a great time. We skated for an hour and then we Pizza, water in the Party Room at Dublin Iceland for about an half hour. Ask if they would do it again most of girls said yes.

Event Evaluation Form

Give the form to troops at the end of the event, or in their registration packets. Ask to have evaluation returned at close of event (schedule time in your program for completing evaluations, if appropriate). If, due to the nature of your event, you'd like each participant to fill out her own evaluation, you may want 2 different forms: one for leaders including the logistics questions, another shorter and simpler version for the girls.

Event Name: Overall _____ ***Date*** _____

Troop Level *(if multilevel event):* _____

Please circle responses:

1. Did you and your girls enjoy this event? 5 (Yes) / No
2. Were the facilities appropriate for the program and number of participants? 5 (Yes) / No
3. Was the event appropriate to the age level(s) it served? 5 (Yes) / No

   If no, please explain. _____

4. Did you receive enough information about the event? 5 (Yes) / No
5. Did you feel this event was priced fairly? 5 (Yes) / No
6. Was there adequate time allotted for the event activities? 4 (Yes) / (No) 1
7. What did you and your girls like BEST about the event?

_____

_____

8. What did you and your girls like LEAST about the event?

_____

_____

9. Which of the 15 Girl Scout Leadership Experiences did the girls gain during this event? **Circle all that apply.**

1. Develop strong sense of self |||||	2. Develop positive values	3. Gain practical life skills	4. Seek challenges in the world |||	5. Develop critical thinking	
6. Develop healthy relationships |||	7. Promote team building/cooperation |||	8. Can resolve conflicts	9. Advance diversity in multicultural world	10. Feel connected to communities, locally and globally
11. Can identify community needs	12. Are resourceful problem solvers	13. Advocate for themselves and others	14. Educate and inspire others to act	15. Feel empowered to make a difference in the world

10. Comments? Suggestions?

_____

_____

11. Ideas for the future?

_____

Crossroads Final Finance Report

Fill the cells that are shaded this color.

Event Name:	**Older Girl Skating**
Event Date:	**Friday April 21,2017**
Budget Submission Date:	**Thursday November 3, 2016**
Troop Number:	**30100 & 32072**
Troop Level:	**Cadette**
Trained Event Director:	**Deborah Trivedi**
Event Co-director (for events over $5,000 income)	**Archana Thakur**
Event Treasurer (for events over $3,000 income)	
Prepared by:	**Deborah Trivedi**
Position:	**Troop Leader**
Phone:	**925-600-8807**
Email address:	ddtrivedi@comcast.net

ANTICIPATED EXPENSES:

Site Rental Fee	$300.00
Printing	
Food	$53.78
Patches	$46.60
Cleaning Supplies	
Insurance (**$.55 per day**)	$0.55
Postage	
Decorations	
Crafts	
Donations* (to others)	
*Beneficiary of above donation	
Other Program Supplies (list below)	

Total Estimated Expenses	**(A)**	**$400.93**

ANTICIPATED INCOME:

	Estimated Cost
Donations/Community Contributions	
Other	

Income credits (total of above items)	**(B)**	**$0.00**
Income needed from participants (A-B=)	**(C)**	**$400.93**
Girl Fees	# girls	26
	fee	$15.00
	(D)	**$390.00**
Adult Fees	# adults	1
	fee	$15.00
	(E)	**$15.00**
Total of participants' fees **(D+E=)**	**(F)**	**$405.00**
Net Estimated Profit or (Loss) from Event **(F-C=)**	**(G)**	**$4.07**

Dublin Iceland
7212 San Ramon Rd.
Dublin, CA 94568

April 21, 2017

Dear Deborah,
Crossroads G.S. service unit
Here is your invoice for the girl scouts event that was held at Dublin Iceland on Friday, April 21, 2017 from 5:00 PM – 6:00 PM.

1 hr private ice rental for event $300.00.

Please make the check payable to:

Dublin Iceland
7212 San Ramon Road
Dublin, CA 94568

We sincerely appreciate your business!

Steve Nelson

SNAPPYLOGOS Invoice

PO Box 8669 Fayetteville, AR 72703
800-472-8866 www.snappylogos.com

#1

Pg#	Date	Invoice No.
1	02/28/17	190871A

SOLD TO
Archana Thakur
8378 Moller Ranch Drivef
Pleasanton, CA 94588

SHIP TO

Customer No.	CSR ID	Purchase Order #	Media Code	Terms
105544	/SC		/	XXXXXXXX7408 VISA

Credit Card Number	Type	Phone Number	Pkg. Weight	Zone	# Pkgs.	Ship Via
		(925) 922-2883	0.0 Lbs	9	1	US

Qty.	B/O	Shipped	Item No.	Description	Unit Price	Disc.	Total $
80	0	80	3195	Ice Skating	0.5200	--	41.60

MERCHANDISE INVOICE TOTAL $	41.60
SHIPPING & HANDLING $	5.00
INVOICE TOTAL $	46.60
CR. CARD: VI, APPR:028324 $	-46.60

Crossroads Payment Request Directions
1. Complete [illegible]
2. Attach ORIGINAL RECEIPTS ONLY. [illegible]
3. Num[illegible]
4. One receipt [illegible] (Example receipt number 1)
[illegible] receipt has [illegible] or more [illegible] each category on a separate line [illegible] category in the amount column. (See example [illegible] number 2)
6. Categories (Choose [illegible]) CRAFT, DECO[illegible] FOOD, INSUR[illegible] OFFICE SUPPLIES, PATCHES/[illegible] SUPPLIES, T-SHIRTS
[illegible] form, if mo[illegible]
8. The Event Organizer or Treasuer MUST [illegible]

(2)

Smart&Final extra!
Warehouse & Market. Friend & Neighbor.

** Welcome To Our Pleasanton Store *
Store # 596
****
See Us On WEB www.smartandfinal.com

Cashier: Krista

DATE 04/21/17 TIME 14:35:34

Pop Jolly Rancher	2.99 F
Was $3.59 / YOU SAVED -> $.60	
Pop Jolly Rancher	2.99 F
Was $3.59 / YOU SAVED -> $.60	
Bagged Carrots	1.99 F
SUBTOTAL	7.97
Sales Tax	.00
TOTAL	7.97
Debit TENDER	7.97
Cas Ref# 67	
Cash CHANGE	.00

TOTAL NUMBER OF ITEMS THIS VISIT--> 3
****
Smart & Final Store # 596
5775 Johnson Drive
Pleasanton, CA 94588
Operator 840009604
DATE 04/21/17 TIME 14:40:16
Account # **********4470
Tender Type Debit
DReference # 145918
APPRVL CODE 150974
Reason Code RM00 Total 7.97
Trans # 47 Cash back .00
****

14:36:12 OP# 840009604 04/21/17
Term:3 Trans # 47 Store # 596

THANK YOU FOR SHOPPING
YOUR SMART AND FINAL
STORE MANAGER: Sam Carone
1 (925) 730-0101

****
We want to know your thoughts
so we can serve you better.

Complete our customer survey
and be entered for a chance
to win one of five...

$100 SmartCash Cards

Please visit
www.smartandfinal.com/survey
within 7 days of this shop!

(1)

LITTLE CAESARS 3189-0001
7387 VILLAGE PKWY
DUBLIN, CA 94568
(925) 833-8899

Bank ID: 1340
Merchant ID: 000013791343
Term ID: 001

Sale

VVVVVVVVVVVV4470
VISA Entry Method: Chip

Total: $ 45.81

04/21/17 16:30:20
Inv #: 000050 Appr Code: 287282
Apprvd: Online Batch#: 111001
Retrieval Ref.#: 00100029

VISA DEBIT
AID: A0000000031010
TSI: 6800
TVR: 8080008000

Customer Copy