



# GIRL SCOUTS OF WESTERN NEW YORK

## COUNCIL-OWNED PROPERTY USE EVALUATION AND STATISTICS



*It is very important for our programming to track our property usage.  
We ask that you please take a moment of your time to fill in this form.  
Please return it to the Camp Ranger or mail to Girl Scout service center c/o outdoor programming.  
Thank you for your assistance.*

Name of Group / Troop # / Town:			
Adult in Charge:		Position in Group:	
Address:		City:	State: Zip:
Phone # (home):	Phone # (work):	Phone # (cell):	
Event Dates:		Type of Event:	
Girl Scout participants	# girls:		# adults:
Non-Girl Scout participants	# girls:	# boys:	# adults:

<b>DIVERSITY:</b> Please indicate the <i>approximate</i> numbers of participants which apply under each ethnicity (include adults)						
Native American	African American	Asian /Pacific Islander	Bi-racial / mixed race	Caucasian	Hispanic/ Latin	Other
<b>AGE LEVELS</b> Please indicate the <i>approximate</i> numbers of participants which apply under each ethnicity (include adults)						
5 years or less	6 yr to 8yr	9yr to 11yr	12yr - 14yr	15yr -17yr	18yr and up	

<b>PROPERTY USED:</b>	<input type="checkbox"/> Pinewood	<input type="checkbox"/> Piperwood	<input type="checkbox"/> Oak Orchard	<input type="checkbox"/> Program Center	<input type="checkbox"/> GLOW Center
<b>FACILITIES USED:</b>	<input type="checkbox"/> Tent / A-Frame Units	Please List:			
	<input type="checkbox"/> Lodge / Buildings	Please List:			
	<input type="checkbox"/> Other	Please List:			
Was the reservation process easy to follow?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, please explain:					
Would you use a GSWNY Property again?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, please explain:					
Comments: (please include more comments on the back of this paper if necessary)					
Would you like a Girl Scout staff person to call you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	