

GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.
SU/ TROOP EVENT OR ACTIVITY REPORTING
(Please turn in at least 2 weeks before event)

Event:	
Date:	
City:	
Location:	
Time:	
Contact Person:	
Phone # (s):	
# participants	
Age of participants	
Activities Planned:	
What will participants learn or achieve:	

GIRL SCOUTS OF SOUTHWEST GEORGIA, INC.

EVENT OR ACTIVITY PHOTO REPORTING

(Please turn in attached to photos

Put numbers on back of photos, please use a marker instead of a pen)

Event:		Date:	
City:		Location:	
PHOTO #:	If 3 or less people include names; if more than 3 people list troop number or service unit number.		
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