



Camp Usage Evaluation

Please complete this form and submit to the Camp Ranger/Director upon departure.

Camp: _____ Area(s) used: _____

Event Coordinator: _____ Phone #: _____

Troop #: _____ Service Unit: _____

Outside User Group: _____

Number of Girl Scouts that attended event:

Daisy	Brownie	Junior	Cadette	Senior	Ambassador

Number of others that attended event:

Girls	
Boys	
Women	
Men	
Total	

Did any participants have disabilities? _____

Was the site clean when you arrived? _____ Did you leave the site clean? _____

Repairs needed: _____

List any accidents/emergencies: _____

Was Camp Ranger accessible and helpful? _____

Group/Troop Leader signature: _____ Date: _____

Camp Ranger signature: _____ Date: _____