

Trip Evaluation

Please submit to your Membership Manager upon return.
Thank you for sharing your experience.

Troop/Group Trip Information

Troop # _____ Program Age Level _____ Service Unit _____
Please check Day Trip Overnight Trip International Trip
Trip Destination(s) _____
Trip Date(s) _____
Girl Members attended _____ # of Adults Members _____ Non Members _____
Cost of trip per girl \$ _____ per adult \$ _____

Transportation

Transportation Used _____
Would you recommend using this transportation company again? YES NO
Contact person _____ Phone # _____

Lodging

Type(s) lodging _____
Would you recommend using this lodging facility again? YES NO
Contact person _____ Phone # _____

Travel Agency

Travel Agency Used _____
Would you recommend using this travel agency? YES NO
Contact person _____ Phone # _____

Evaluation

1. What activities did you do? Sites and attractions visited?
2. What did you like best about this trip?
3. What did you like least about this trip?
4. What were the program goals for this trip?
5. Do you recommend this trip for other troops/groups? Please explain.
6. What was enjoyed most by the girls? Adults?
7. Are there any safety precautions that you would recommend?
8. What problems did you encounter?
9. What would you do differently if you went again?
10. What suggestions or advice could you give another troop/group that planned on taking this same trip?
11. Additional comments.