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**GIRL SCOUT MUSEUM — DAISY’S PLACE PROGRAM CENTER**  
**Wheelies/Portable Programs Participation Summary Form**

*Thank you for helping us document the use of our program materials!*  
*Volunteers from the Girl Scout Museum at Daisy’s Place*

**Troop #** \_\_\_\_\_ **Program Level** \_\_\_\_\_ **# of Girls** \_\_\_\_\_ **# of Adults** \_\_\_\_\_

**Daisies** \_\_\_\_\_ **Brownies** \_\_\_\_\_ **Juniors** \_\_\_\_\_ **Cadettes** \_\_\_\_\_ **Seniors** \_\_\_\_\_ **Ambassadors** \_\_\_\_\_

**Leader/Contact Name** \_\_\_\_\_

**Title of wheelie or other program that you borrowed:**  
\_\_\_\_\_  
\_\_\_\_\_

**How many people viewed/used the resource materials you borrowed?**

\_\_\_\_\_ **Girls** \_\_\_\_\_ **Adults**

\_\_\_\_\_ **Audience members** (if applicable)

**Comments?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form with the borrowed program. Thank you.**