



## Troop Collection Day Report (AS-1) Form

**Troops will not be entering data into the online reporting system.**

**Troops must submit this form to the designated Data Collection Coordinator at the collection site.**

1. Troop number: \_\_\_\_\_
2. District: \_\_\_\_\_ Neighborhood: \_\_\_\_\_
3. How many service hours did the troop/group give to April Showers? Please complete the chart below.
  - *Service hours include time spent planning, preparing, traveling, and providing the service*
  - *Add the number of hours girls gave and multiply by the number of girls who participated*
  - *Example: 2 hours of service x 10 girls participating = 20 total hours of service*
  - *Do the same for all adults who helped, both registered and non-registered, such as parents who help*

	# of Girls participated	Avg. hours per Girl	Total Girl Hours	# of Adults participated	Avg. hours per Adult	Total Adult Hours
Door-to-door distribution	x	=		x	=	
Donation collection	x	=		x	=	
Work collection site	x	=		x	=	

4. Total number of girls in the troop who helped with April Showers: \_\_\_\_\_
5. Total number of adults who helped with April Showers: \_\_\_\_\_
6. Of the participating adults, how many are registered Girl Scouts? \_\_\_\_\_
7. Total number of items collected by the troop: \_\_\_\_\_
8. Collection site name: \_\_\_\_\_
9. It is important that we measure the impact of this program on the girls who participate. Please have the girls who participated respond to the following questions, which you can read aloud. Record the number of yes and no answers.
  - It is important for me to make a difference in my community. Yes \_\_\_\_ No \_\_\_\_
  - I believe girls my age can help other people. Yes \_\_\_\_ No \_\_\_\_