My Story is a Texas Story
Patch Order and Evaluation Form

Leader’s Name: ____________________________________________
E-Mail: __________________________________________________
Mailing Address: __________________________________________
City: ___________________________________ State: ___________ Zip Code: ___________
Home Phone: __________________________ Work Phone: ______________
Council Name: __________________________________________________
Troop #: __________________________________________
Age of Participants: _____ ○ Girl Scouts ○ Boy Scouts

Which Section and Activities did the participants like best?
Section: ○ Personal Identity ○ Community Identity ○ Texas Identity ○ Texas and the World
Activity #(s): _____________________________________________

Why? _________________________________________________________

Were the activities age appropriate? ○ yes ○ no

If no, why? ___________________________________________________

What special activities, if any, were planned in conjunction with this program?
_________________________________________________________________

What was the most valuable aspect of the program?
_________________________________________________________________

Additional comments or recommendations:
_________________________________________________________________

Your overall rating of this program is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

ORDER:
Number of Patches: __________ X Cost of Patch: $1.00 = Total Amount Enclosed: $ __________

Mail form to: The Texas State History Museum
Attention: Scout History Patch
P.O. Box 12874
Austin, Texas 78711