

EVENT SUMMARY

**Note: In an effort to avoid reinventing the wheel each year, we'd like to keep a record of the event to help other in the future. At the conclusion of your event, please complete this evaluation form or feel free to use your own!*

Thank you!

Event Name: _____

Chairperson(s):

Date & Time: _____

Location: _____

Attendance: _____

Summary of Event:

(How was participation & attendance? Other successes & 'gotchas'? Anything else that you'd change or do differently? Anything that worked particularly well?. Be specific.)

Food & Beverage/ Supplies:

Theme? _____

Menu: _____

Amounts ordered & cost. Leftovers? Vendor(s) used.

Donations?

of Volunteers needed: _____ **Amount you had:** _____

Budget: _____

Total Expense for Event: _____ (If possible, attach an itemized list)

Revenue from Event: _____

Was budget large enough? _____

Notes:

Diagrams or Layout: (sketch or attach a picture on back)

