

EVENT SUMMARY FORM

Event:

Name of person completing form:

Event Location:

Event Date and Time:

Event Budget:

Total Actual expenses, please include comments (attach a copy of receipts):

Total Income:

Turnout in Numbers:

Volunteers used and positions:

Comments about turnout:

Contacts/Vendors used for this event:

Would you use these contacts/vendors again? If not, please list suggestions:

Were the location, time, and budget for the event appropriate? If not, please list suggestions.

What went well during the event?

What didn't go well or what needs improvement?

Did you ask participants to complete feedback forms?

Room or Event Setup Instructions: