



EVENT END REPORT

PLEASE COMPLETE WITHIN 30 DAYS OF YOUR EVENT
SUBMIT TO PTO SECRETARY WITH FORMS ATTACHED

Event: _____

Committee Chair(s): _____

Phone(s)/Email _____

Event Date(s): _____ Time: _____

Location: _____ Approx. # of Attendees: _____

How did you advertise your event? (invitations, flyers, etc.): _____

Were refreshments served? _____ Refreshments provided by: _____

What kind of refreshments / How much was served? _____

What equipment did you need? _____

Did you use a map? _____ Signage? _____

Did you provide nametags? _____

What can be done next year to improve this event? _____

How many committee members did you have? _____

Fundraising Goal: _____ Amount Raised _____

Did you have any expenses? _____ If yes, please describe: _____

Total expenses incurred: _____

(Please use reimbursement form available at www.brownsvillepto.org to be reimbursed)

What would have made your job easier? What would you change about this committee?

Are there any sponsors/donors/community groups we should formally recognize and thank? If so, please provide contact info (name, email, address, etc) below:

Your Name: _____ Date: _____

PLEASE ATTACH ALL INFORMATION (FLYERS, EXPENSE SUMMARY, BUZZING TEXT, ETC.)