



5870 Rockfish Gap Turnpike  
Crozet, VA 22932  
(434) 823-4658  
.brownsvillepto.org

Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Committee Chair(s): \_\_\_\_\_

Email \_\_\_\_\_

Event Location: \_\_\_\_\_ Approx. # of Attendees: \_\_\_\_\_

How did you advertise your event? (invitations, flyers, Buzzing, etc.): \_\_\_\_\_

What kinds of refreshments were served? How much was served?

What equipment did you need (tables, audio, chairs)?

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](http://www.brownsvillepto.org) to be reimbursed)

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

What sponsors/donors/community groups we should formally recognize and thank? What donations did you receive? Please provide contact info (name, email, address, etc) below:

**PLEASE RETURN THIS FORM TO DANICA PLANTZ, PTO VICE PRESIDENT, WITHIN 30 DAYS OF YOUR EVENT. THANKS!**