POST EVENT

EVENT NAME

Event Chairperson(s)

Returning to this position next year?

yes   no

yes   no

yes   no

yes   no

Main Contact:

(phone)

EVENT DATE

EVENT TIME

EVENT LOCATION

Were you properly staffed for this event?   YES   NO

If NO, please elaborate...

# of volunteers used   **Actual # of volunteers needed**   **# of student volunteers**

Please list volunteer positions/responsibilities/# of volunteers in each position.

(This info will be used to create next year's sign-up form for this event)

Volunteer Title	Duties Performed	# of Volunteers in this Role

# of participants

Revenue Collected (Fill out all that apply)

Event Ticket sales

Raffle Ticket sales

Retail/Food sales

Other

Total Expenses

(carry total over from sales) **Total Revenue**

Under budget?   Amount

Over budget?   Amount

Notes on Event Prep

Notes on Event Set-Up

Notes on Running the event

Please fill out this form and submit it to PTG secretary. Form can be emailed, or printed and brought to next PTG meeting.
Event sign-in sheet should accompany this form. Please include a list of vendors/contacts that were used for this event.