

CME PTA EVENT RECAP FORM

Committee Chair / Co-Chair are to submit a copy of completed form to PTA President and VP of Programs no later than 2 weeks after event completion. Please complete front and back of form. Thank you!

EVENT NAME		EVENT DATE
EVENT COMMITTEE CHAIR	PHONE NUMBER	E-MAIL ADDRESS
EVENT COMMITTEE CO-CHAIR	PHONE NUMBER	E-MAIL ADDRESS

PROPOSED BUDGET: _____ ACTUAL BUDGET: _____

TOTAL INCOME (if event was supposed to make money): _____

DESCRIPTION OF EVENT:

COMMITTEE VOLUNTEER NAMES:

VOLUNTEER DUTIES (different tables, stations, collecting/counting funds, distribution, etc.):

EVENT COMMUNICATIONS USED (Forms, Flyers, Website, Newsletter, SignUp Genius, Etc.):

ARE THERE REUSEABLE SUPPLIES/EQUIPMENT STORED FOR THIS EVENT? _____ YES _____ NO

IF YES, PLEASE LIST SUPPLIES/EQUIPMENT:

SUPPLIES/EQUIPMENT LOCATION: _____

WHAT WORKED:

WHAT WOULD YOU DO DIFFERENTLY?

SUGGESTIONS FOR FUTURE CHAIRS/CO-CHAIRS:

Please attach any additional information, copy of forms, etc. that may be useful to your successors! Thank You.