

The Office of Student Life Event Report Out

Club/Organization _____
 Student Submitting Form: _____
 Phone Number: _____ Email: _____
 Signature _____ Date _____

<i>Office Use Only</i>		
Date Received	Initials:	Approved by: _____

1. Name of Event: _____
2. Individuals Responsible for the Event:

Club/Organization	Name	Email
	Position	Phone
Club/Organization	Name	Email
	Position	Phone

3. Type of Event

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Leadership/Enhancement | <input type="checkbox"/> Joint Venture/Fellowship |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Social Activity | <input type="checkbox"/> Program |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Other (Please Explain) _____ | |

4. Number of People in Attendance:

Anticipated #:	Actual #:
_____	_____

5. Purpose of the Event:

6. Speaker/Entertainment

Name	Agency
Contact Person	Address City State Zip
Phone: Cell Phone:	Email:

7. Budget for Event:

Initial:	Actual:	Comments:
Food		
Entertainer		
Security		
Marketing		
Decorations		
Prizes		
Miscellaneous		
Other		
Est. Total	Actual Total:	

8. What Worked Well:

Describe	Why Did It Work?
1.	
2.	
3.	
4.	
5.	
6.	
7.	

9. What Needs Improvement:

Describe Item or Issue	Suggestions for Improvement
1.	
2.	
3.	
4.	
5.	
6.	
7.	

10. Was the Event a Success: Yes No

11. What Did You Learn About Yourself or the Group:
