

Name of event: _____

Event Chairman(s) _____

Date/Time of event: _____

Location: _____

Weather: _____

Expected Attendance: _____ Actual attendance (estimate): _____

Expected Budget: _____ Actual budget: _____

Itemized expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Use back if needed

Money requested from A&E District \$ _____ Approved/Not Approved \$ _____

Total money spent on event \$ _____

Total money made on event \$ _____

Profit/Loss \$ _____

Sponsors and what: _____

Committee members (and jobs if assigned):

Positives/Negatives comments for next year
