

POST EVENT FORM

COMMITTEE/EVENT: _____

CHAIRPERSON(S): _____

EVENT DATE(S): _____

DESCRIPTION OF EVENT: (Add additional sheets as needed.)

GOALS FOR EVENT AND WAYS EVENT WAS CHANGED FROM LAST YEAR:

WAYS YOU ADVERTISED (PLEASE ATTACH ALL ADVERTISEMENTS/
CORRESPONDENCE/FLYERS):

IDEAS AND SUGGESTIONS FOR FUTURE CHAIRPERSON:

PTSA BUDGET: _____

ACTUAL EXPENSES: _____

\$ RAISED(IF APPLICABLE): _____

OF VOLUNTEERS UTILIZED: _____

OF STUDENTS INVOLVED: _____

THIS INFORMATION WILL BE INCLUDED IN _____ PRIORITY
REPORT(TO BE COMPLETED BY OVERSIGHT OFFICER)

*****PLEASE RETURN THIS FORM ALONG WITH EXPENSE REPORT TO YOUR OVERSIGHT
OFFICER WITHIN TWO WEEKS OF YOUR EVENT. *****