

COMMITTEE SUMMARY REPORT

Directions: Complete form upon completion of your event and insert it into the Committee Binder or Folder.

Committee Name:	
Chairperson's Name:	
Event Type (check one)	<input type="checkbox"/> Fundraiser <input type="checkbox"/> Event <input type="checkbox"/> Other
For NON-Fundraisers	Budget Allocated \$ _____ Budget Spent \$ _____ Suggested budget for next year? \$ _____
For Fundraisers	Revenue Expectation \$ _____ Less Expenses \$ _____ Actual Profit \$ _____ Suggested budget for next year? _____
Attendance (please check all that apply)	<input type="checkbox"/> Children Preregistered <input type="checkbox"/> Adults Preregistered <input type="checkbox"/> Walk In Children <input type="checkbox"/> Walk In Adults
Admission Charged	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount Charged \$ _____

EVENT/FUNDRAISER DESCRIPTION

Where was event held? Gym Café Library Field Other _____

Notes on Location:

VENDOR INFORMATION (Add additional vendors on the back of this form)

VENDOR:

SERVICE PROVIDED:

ADDRESS/PHONE:

RECOMMEND? Yes No

COMMENTS:

VENDOR:

SERVICE PROVIDED:

ADDRESS/PHONE:

RECOMMEND? ___ Yes ___ No

COMMENTS:

EXPENSE BREAKDOWN (List all the items purchased and the cost of each item)

Item:	Cost:

Total Expenses \$ _____

PROFIT BREAKDOWN (List all the items/stations that generated revenue and how much each generated)

Item/Station:	Revenue:

Total Profit other than Admission \$ _____

General Notes on What worked and what didn't: