Club records only, Do Not Submit to Vice President, Student Services office or Coordinator, of Student Life

SUMMARY REPORT OF EVENT, ACTIVITY, OR FUNDRAISER

Type of Ev	rent or Activity:						
Student O	rganization/Club:						
Event or A	activity Held:						
Day of We	ek:						
Location		Month: _	Month:			Date:	
Time:	Actual Start Time:	□ ам	□ РМ	End Time:	□ ам	□ РМ	
Note: If the	e event or activity was a fundrai	er, fill out both in	come and ex	pense portion	s; otherwise only fill in	the Expense portion.	
Income:							
	1) Admission:						
	2) Donations:						
	3) Proceeds:						
	4) Other:						
	5) Total Funds Co	ollected:					
	6) Less Total Expe	enses Incurred:					
	7) Profit:						
	here the event was held on be	half of a commur	ity group,	a copy of the	letter acknowledging t	he contribution by the organization	
Expenses	Incurred:	Individual expe	nse breako	ut is optional	. Club records should	document facts if any questions arise.	
	1) Supplies:						
	2) Marketing:						
	3) Other:						
4) Total Expense Incurred:							
		Genera	I Informatio	on of Event o	r Fund Raiser		
Number o	f Club/Organization Workers:				Number of Attendee	s:	
Number of SFCC Students in Attendance:					Number of Guests:		
Total Num	ber of Sales:				_		
What Wer	nt Well?						
Were Prog	gram Goals Met?	es 🗌 No					
Problems	or Concerns?	es 🗆 No					
What shou	uld be done differently next t	ime?					
How was	the event/activity received?	Poor	Fair	Good	Very Good	Excellent	
	event/activity of this type be		ran	Yes	□ _{No}	Executive	
Carlos 112	d Day				Date		
Submitte	d By:				Date:		

Please use the back of this sheet for additional comments or recommendations.

Please return this form to the Coordinator of Student Life within 72 hours of program completion.