



Goodnoe PTO Event Summary Sheet



Event Name:

Event Date:

Committee Chair(s):

Expense Budget: \$

Actual Expenses: \$

Fundraising Goal: \$

Amount Raised: \$

Amount of People Who Attended your Event (if applicable):

How did the event go? Challenging

Smoothly

Comments:

Would you use the same vendors again?

YES

NO

Would you suggest this event again at this location?

YES

NO

Why:

Will you be Committee Chair again?

YES

NO

If no, do you have a recommendation for your replacement?

PLEASE INCLUDE ANY IMPORTANT INFORMATION INCLUDING TIMELINES, COMMUNICATION, VOLUNTEER LISTS, BUDGET INFO, VENDOR INFO AND ANY OTHER HELPFUL INFORMATION WITH THIS SHEET