

## **Event Report**

This report is to be completed and returned electronically to the Service Unit Event Coordinator and/or Program Consultant for review 10 days following a service unit event. Attach a copy of the event flyer/announcement and summary of participant's evaluations.

Service Unit #		Service Unit Name					
Event Name		Date Held					
Event Type		Event Location					
Event Address							
Event Coordinator Name							
Event Coordinator's Address							
# Girls in Attendance							
# Adults in Attendance							
Total Attendance							
Provide a brief description of the event.							
How were girls involved in the planning of this event?							
Tow were girls involved in the planning or this event:							
How was this event publicized in the community?							
What community and/or other agency resources were used in carrying out this event?							

Income		Expense			
Event Fees	\$		Supplies		\$
Contributions	\$		Program	\$	
Other	\$		Food, Drink, Snacks	\$	
			Insurance		\$
Total Income	\$		Printing		\$
			Patches		\$
			Site/Facility Rental		\$
			Equipment Rental		\$
			Consultant Fees/Expenses		\$
Income	\$		Other		\$
Expense	(\$	)			
BALANCE	\$	_	Total Expenses		\$