

CAMPUS RECREATION SPORT CLUBS

POST-EVENT / COMPETITION REPORT

Please submit to the Campus Recreation Administrative Office (WSRC Rm #3235) within 7 working days of the event.

Includes on and off-campus events, tournaments, competitions, trips, and social events.

Club Name: _____

EVENT DESCRIPTION:

Event: _____ Date of Event: _____

Number of Participants: _____ Number of Volunteers: _____

Location: _____

EVENT FINANCES:

Revenue:

Participation Fees Collected: \$ _____

Other Revenue Collected: \$ _____

Total Revenue: \$ _____

Expenses:

Item(s): _____ Cost: \$ _____

Item(s): _____ Cost: \$ _____

Item(s): _____ Cost: \$ _____

Total Expenses: \$ _____

Deficit/Profit:

(please explain how a deficit will be covered) \$ _____

EVENT EVALUATION:

Please rate the overall success of the event on a scale of 1 to 5 (5=highest): _____

Were there any unforeseen problems: Yes No

If yes, how will you avoid them in the future? _____

Would you recommend that this event be held again next year? Yes No

If no, please explain: _____

Notable Event Results/Accomplishments by Club Members:

