Oak Hill PTA

Event Recap Form

Activity Name: _____ Date & Time Held: _____

Chair Name(s): _____ Attendance: _____

Contact Info: _____ Activity Price: _____

Total Expenses: $_____ Are there reusable supplies stored for this activity? Yes ¯ No

Total Income: $_____ Supply Location: _____

# of Volunteers used: _____ Volunteer duties: _____

Please provide suggestions for future chairs. What worked? What would you do differently? Building location(s) used? Available equipment and supplies? Other suggestions?