Event Profit/Loss Summary and Evaluation

Please complete and return the Event Profit/Loss Summary and Evaluation to the Office of College Life within ten (10) days of program. Due to the financial obligation, failure to do so may result in the club’s account being frozen. Thank you for your anticipated cooperation.

Sponsoring Student Organization:

<table>
<thead>
<tr>
<th>Program Title:</th>
<th>Date of Program:</th>
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Program Summary: Briefly comment on the success of the program. Include in your comments a review of the sponsoring organization’s follow-through, participation, publicity for the event, attendance at the event, feedback from event participants, and your own thoughts on the program.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Number in attendance: ________

Should this program be repeated? (please circle response) Yes No

If so, what changes would you recommend for the next time?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

If not, why?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

On a scale of 1 – 10 (10 being Excellent), how would you rate this program? _____

Was this event or program intended to be a fundraiser? (please circle response) Yes No

If yes, please fill out the information in the box below:

| Total amount of funds spent on program: | $___________.____ |
| Total amount of money recovered from program: | $___________.____ |
| Difference (please circle negative or positive): | $___________.____ |

Organization President’s/Chair’s Signature Date

Organization Advisor’s Signature Date

Reviewed by Director of Student Activities Date

Distribution: White-Office of College Life / Pink-Club File / Blue-Business Office / Gold-SGA