

FUND RAISING POST-EVENT FORM

1. Region/Club _____
 2. Name of the Event: _____
 3. Date of the Event: _____
 4. Location: _____
 5. SOM Affiliation: _____
 6. Chairperson/Committee Members: _____
- _____
- _____
- _____
- _____
- _____

7. **Income**: (Please list items separately)

<u>Difference</u>	<u>Projected</u>	<u>Actual</u>
Sponsorships	_____	_____
Ticket Sales	_____	_____
Donations	_____	_____
Merchandise Sales	_____	_____
Pledges	_____	_____
Liquor Sales	_____	_____
Other (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

Expenses: (Please itemize. Reduce liquor costs by returns & bottle refunds.)

<u>Difference</u>	<u>Projected</u>	<u>Actual</u>
Facility Costs	_____	_____
Materials	_____	_____
Promotion	_____	_____
Public Relations	_____	_____
Cost of Goods	_____	_____
Permit Costs	_____	_____
Liquor	_____	_____
Food	_____	_____
Other (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

8. Net Revenue

<u>Difference</u>	<u>Projected</u>	<u>Actual</u>
Income	_____	_____
Less Expenses	_____	_____
Less Float (if any)	_____	_____
Other (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Net Profit/Loss	=====	=====

9. What did we do right? _____

10. What did we do wrong? _____

11. Repeat event next year? Yes _____ No _____

12. What changes need to be made? _____

Committee Chairperson: _____

Date: _____