

**ALL SAINTS CATHOLIC SCHOOL
PARENT NETWORK**

A new name with a renewed purpose

EVENT SUMMARY FORM

June 3, 2009

EVENT NAME: _____
DATE: _____
TIME: _____
LOCATION: _____

EVENT COORDINATOR/COMMISSION: _____

ADDRESS(ES): _____
PHONE NUMBER(S): _____
EMAIL(S): _____

OVERALL PURPOSE OF THE EVENT (check one):

- Community Service Event
- School Service Event
- Fundraiser

SUMMARY OF EVENT:

Attachments:

- **Include list of volunteers and what they did**
- **Include list of activities and profits by each activity**
- **Include list of food and profits by each item**
- **Indicate if leftovers of food or if any surplus sold at the end of the event**
- **Indicate if leftover dry goods put into Parent Network storage**
- **Initial budget of event vs. what actual expenses were**
- **Include any ideas for next year or suggestions**