

EVENT EVALUATION for CATERED EVENTS

EVENT: _____ DATE: _____

FACILITY USED: _____ CONTRACT #: _____

HOST(S): _____

Send completed form to the Trails Club Treasurer with receipts for payment and also send a copy to the Trails Club President.

EXPENSES		# PAID	INCOME		
CATERER BILL	\$	MEMBERS			
ADDT'L FOOD	\$		#	\$	
ENTERTAINMENT	\$				
FACILITY FEE					
MICs / GRF AV	\$	\$ PER			
DRINKS	\$	GUESTS			
CLEANERS	\$		#		
DECORATIONS	\$				
MISCELLANEOUS	\$	\$ PER	\$	SUBSIDY	GAIN / LOSS
TOTALS	\$			\$	\$

INCLUDE ON A SEPARATE SHEET: WHAT WAS VERY SUCCESSFUL?
 WHAT COULD HAVE BEEN IMPROVED?
 SUGGESTIONS FOR OTHER HOSTS

SUBMITTED BY _____ Date _____