

2008 – 2009 Event Wrap-Up

Name of Event _____

Chair and Co-Chair of Event _____

Date / Time of Event _____

Place Held _____

| | |
|-------------|----------|
| Budget | \$ _____ |
| Actual Cost | \$ _____ |

Pros & Cons of Event _____

Future Suggestions _____

Please attach any communications regarding event, pictures, etc. that might be beneficial for next year's chairperson

Thank you for taking the time to review this event and for your feedback!

Please return this form along with the Event Coordinator packet of information to the PTA mailbox within 2 weeks after the event.